

INTERNATIONAL RESCUE COMMITTEE

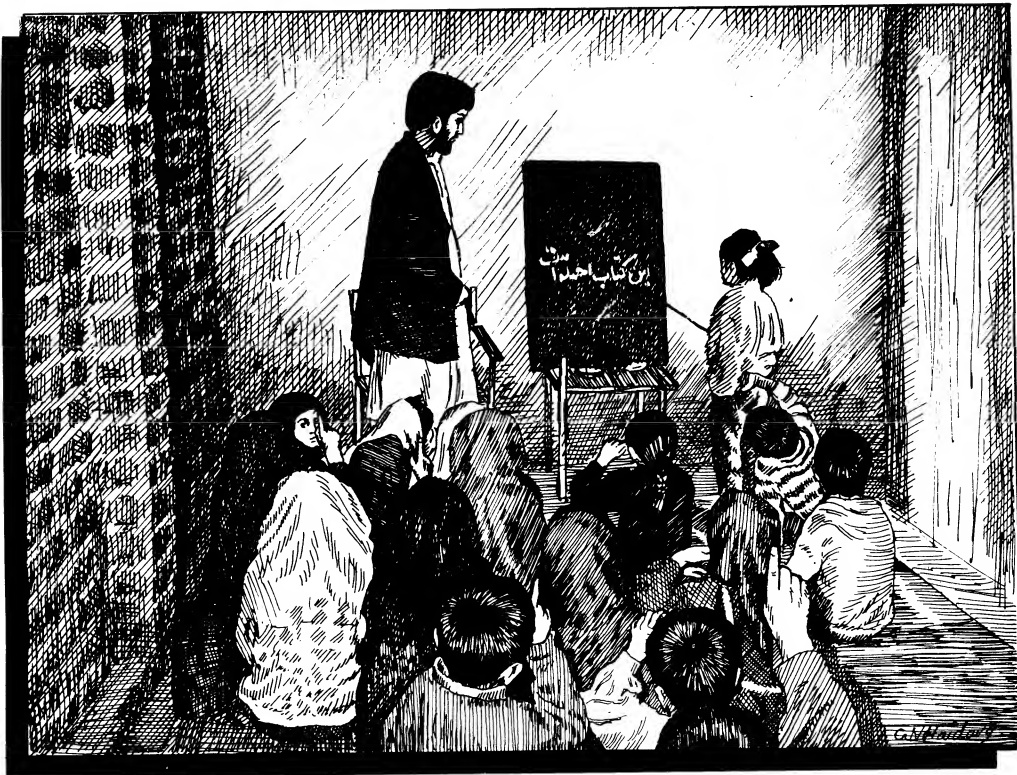
Program for Afghans



Annual Report 1996



Educating a New Generation...



*Afghan children attending class in an IRC-supported refugee camp school.
IRC's education programs support Afghan community-based schools both
in Afghanistan and Pakistan*



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FOREWORD

I am pleased to present to you the 1996 Annual Report of the International Rescue Committee's Program for Afghans. It will provide you a full and detailed overview of all activities that were planned and carried out by a highly motivated and experienced IRC Pakistani and Afghan staff.

The 1996 IRC Program for Afghans remains, after 16 years, a substantial assistance program for uprooted Afghans, both in Pakistan and Afghanistan. However, the careful reader will come to the conclusion that the Pakistan-based program is showing signs of a slight change of focus. Some components came to a natural conclusion, while others were transformed into new independent entities or transferred to existing organizations. A third category of projects were ultimately stopped for lack of sufficient financial resources.

It has become clear that the Afghan refugee issue has acquired a set of new dimensions and characteristics. Donor attention has been steadily decreasing and financial contributions are only granted at best on the principle of the sliding scale. Far-reaching discussions about the presumed characteristics of "the Afghan refugee" have brought an environment in which assistance programs are under discussion. IRC has been able to maintain most of its activities during 1996, but increasingly had to invest private funds. It is expected that this will be much more the case for the 1997 programs in Pakistan.

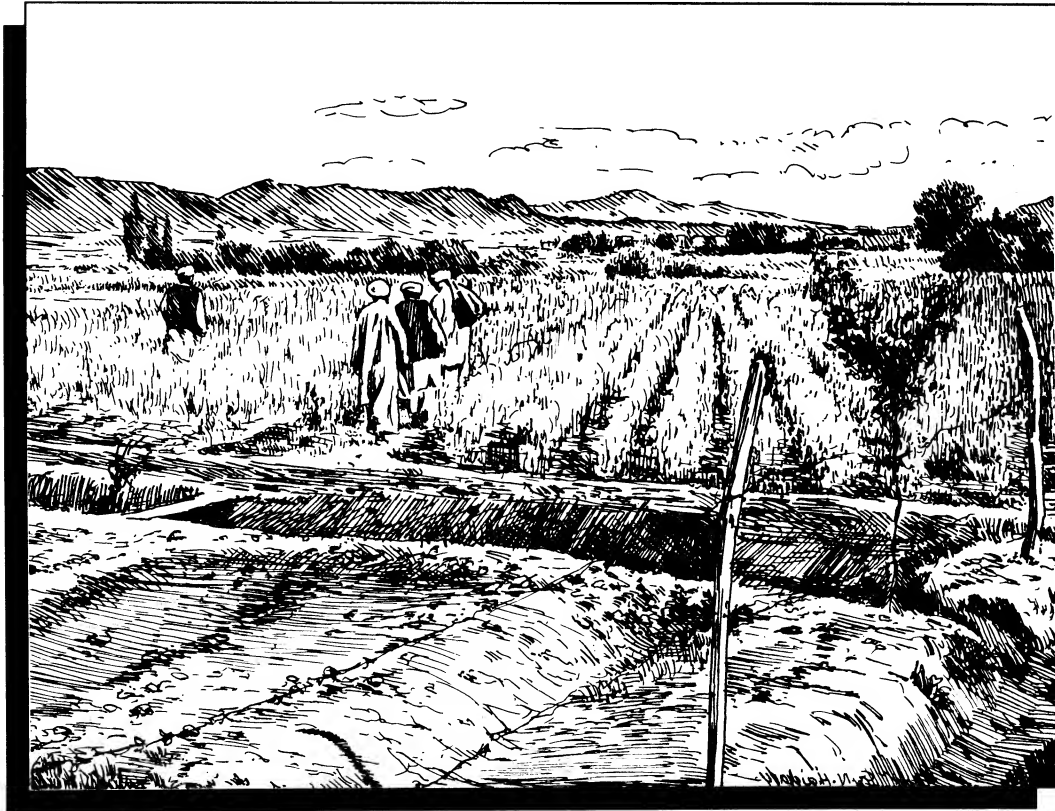
In the year 1996, during which attention has steadily shifted away from providing support to survival strategies for Afghan refugees in Pakistan, Afghanistan hit the front page again when the Taliban Islamic Movement took over the capital of Afghanistan at the end of September. Although hard to predict, this event may have a far-reaching impact on the military and political situation of Afghanistan. It is also likely that it may dictate the current debate about assistance programs to Afghan refugees in Pakistan and cause a more active promotion of massive repatriation.

Although IRC (and other agencies) is finding itself in an increasingly fluid environment of refugee assistance, it is determined to keep up its refugee mission in Pakistan as much as it can, while increasing its efforts for returnees and internally displaced inside Afghanistan. The decision to transform or transfer ongoing projects at the end of 1996 has been carefully planned and designed and responds to the need to adjust the entire program and to bring it in line with the available resources.

I take this opportunity to deeply thank all sponsors of the 1996 activities as well as all our counterparts and partners for their efforts, support and collaboration that have contributed to a successful year. Please allow me to express my strong hope for a durable Afghan solution to the problem of uprooted Afghans, inside and outside of their home country.

Joop Hendriks
Country Director

Rehabilitating the Agricultural Infrastructure...



Recognizing the agricultural and rural nature of Afghanistan, IRC's Rehabilitation Program for Afghanistan (RPA) concentrates its rehabilitation efforts on restoring the agricultural and rural infrastructure in the targeted provinces in south-eastern Afghanistan. RPA's Agricultural Rehabilitation Centers based in highly visible locations demonstrate improved agronomic practices and provide improved farm inputs

INTERNATIONAL RESCUE COMMITTEE

MISSION STATEMENT

Founded in 1933, the International Rescue Committee is the leading non-sectarian, voluntary organization providing relief, protection and resettlement services for refugees and victims of oppression or violent conflict. IRC is committed to freedom, human dignity and self-reliance. This commitment is reflected in well-planned resettlement assistance, global emergency relief, rehabilitation and advocacy for refugees. Now operating in more than 20 countries around the world, IRC began its assistance program for Afghans in 1980.

INTRODUCTION

The International Rescue Committee (IRC) began its Program for Afghans in the Northwest Frontier Province (NWFP) of Pakistan in 1980, in response to the massive influx of Afghans pouring into Pakistan following the Soviet invasion of Afghanistan. The beginnings were modest: Two mobile clinics just inside the border of Pakistan provided curative services to arriving refugees. By 1989, IRC health, education, sanitation and water supply and self-reliance programs stretched from Hangu-Thal area, south of Peshawar, to Peshawar and its environs serving over 250,000 Afghan refugees. IRC's Hangu Medical Program covered 13 refugee camps in the Hangu-Thal area meeting the curative and preventive health needs of nearly 200,000 refugees. The Self-Reliance Program (SRP) provided income generation opportunities to refugees through its credit scheme, gabion production unit, poultry farm, auto shop, bee-keeping, vocational training including tailoring training and construction services. SRP also implemented water supply programs in refugee camps throughout NWFP.

The education program components ran virtually the full gamut of education - from pre-school to primary and secondary schooling as well as vocational and employment-related training covering engineering, computer training, English language and public administration. For female refugees, education programs ranged from pre-school to employment-related training of sorts suitable to acceptable roles for women in Afghan society such as educators, teachers, school administrators and office workers. Both male and female education programs emphasized teacher training as an integral part of the education process.

Following the signing of the Geneva Accords in April 1988, which laid the groundwork for Soviet withdrawal from Afghanistan, IRC established the Rehabilitation Program for Afghanistan (RPA) and the Rural Assistance Program (RAP) to facilitate the process of repatriation through rehabilitation in Afghanistan. While RPA concentrates on agriculture, irrigation, public health and education projects in Paktia, Paktika, Logar, Khost and Nangarhar, provinces from where the majority of refugees in IRC-served camps originate, RAP awards grants to non-governmental organizations (NGOs), mostly Afghan, implementing relief and rehabilitation projects throughout war-torn Afghanistan.

Over the years, many Program components were closed or made into independent entities either because of funding constraints or because the component had achieved such a level of self-reliance that it could continue as a separate entity on its own. These components include:

- **Construction-Related Training for Afghanistan (CRTA):** Following a curriculum which paralleled the pre-war curriculum offered at the Faculty of Engineering of Kabul University and staffed by former professors and graduates of that institution, CRTA trained young Afghan refugees in construction-related engineering. Without major donor funding in 1995, CRTA was taken over by an Afghan NGO with European Union backing and relocated to

Herat, with the long term objective of establishing it as the Faculty of Engineering in Herat University.

- **Experimental School of the Sciences:** Arguably the best Afghan refugee high school in Pakistan with a strong emphasis on mathematics and the sciences, the school prepared refugee students to pursue university-level studies in engineering, agriculture and medicine. With the cessation of donor funding in March 1995, IRC was obliged to close the school. The Experimental School's legacy however continues in the form of a successor school established by the academic staff unwilling to lose such a valuable institution. Operated as a private institution and run by the same Afghan academics, it is financed through student fees.
- **Professional Development Program:** Components of this program trained young male refugees in English language, journalism, participatory management and decision-making. Funding constraints compelled IRC to close the program at the end of 1994.
- **Women's Public Administration and English Language Program:** Operated under the umbrella of IRC's Female Education Program (FEP), this program offered courses to female refugees in English language, bookkeeping, office administration and computer operation. Operating on a self-supporting basis without any donor support since 1995, WELP was separated from IRC at the end of 1996 and henceforth will function as an independent entity.
- **SRP Auto Shop, Bee-keeping, Chicken Farm, Handicraft Shop and Metal Workshop:** With the reduction in donor funding for Afghan refugee programs and SRP's concentration on training and income-generation activities which directly assist the disabled and the vulnerables, particularly women, these component were closed between 1994 and 1996.
- **Health Education Resource Center (HERC) and the Printing Press:** The Printing Press offering a wide range of services including desktop publishing and binding and HERC which develops and produces visual aids for use in health and other community education activities, were one of the earliest IRC income-generation activities to achieve self-reliance. At the end of 1996, both programs were separated from IRC. The Printing Press was handed over to ACBAR (the Jalalabad branch taken over by UNCHS also known as Habitat), while HERC will transform itself into an NGO with an independent board of directors.
- **RAP Training and Educational Services Unit (TESU):** As part of IRC's commitment to Afghan institution building, TESU designed and conducted training courses which met the identified needs of Afghan NGOs. Lacking donor funding, TESU was closed by RAP at the end of 1996.
- **Jalalabad Emergency Program:** To ameliorate the desperate condition of thousands of Kabulis who had sought refuge in Jalalabad to escape the internecine fighting in Kabul, in

January 1995, IRC initiated an emergency program in Jalalabad camps focusing on latrine construction, water supply and education. By the end of the year, Kabul was relatively peaceful and many families had left the Jalalabad camps and returned to their homes in Kabul. IRC closed the program in June 1996 after handing over the functioning tent schools to UNICEF and the local education department.

IRC's involvement in Afghan refugee assistance in Pakistan since 1980 has achieved significant improvements over the years in the health, education and living conditions of the refugees. In the early 1980s, malaria and the EPI target diseases - measles, diphtheria, tetanus, pertussis, poliomyelitis and tuberculosis - were constant threats to the communities; infections, malnutrition and diarrhea were endemic. Today, the incidence of all the EPI target diseases has been greatly reduced, as has the prevalence of diarrheal diseases and mortality as well as malnutrition. The average malnutrition rate achieved, based on cases being treated at the end of 1996, at 1.34 percent, is lower than the rising 3.3 percent an April 1996 survey conducted by UNHCR found for refugee camps surveyed in NWFP. IRC's current 96 percent full immunization coverage of children under one year is also markedly higher than the average for NWFP refugee camps.

Over the past several years, the Medical Program has successfully shifted the focus from curative to preventive services in order to 1) reduce the dependence on clinical services and 2) better prepare the refugees for their return to areas with limited health facilities. By training health workers to treat and give counsel in cases of simple illnesses, the medical officers' daily patient load, which was an astonishing 130 patients per day in 1989/90, was brought down to a much more manageable 69 patients per day in 1996.

The years of teacher training efforts are becoming increasingly striking in the classroom and in students' academic performance. The process of training and continuously encouraging teachers to relinquish traditional teaching methods of chanting and rote memorization and replace them with more student-centered techniques has shown positive results. Sustained observations of refugee classes are showing the children to be reaching higher levels of reading, writing and numeracy at an earlier stage in school.

RPA's presence since the early 1990s in five provinces of Afghanistan has resulted in a visible revitalization of the local economy, particularly through its agriculture programs focusing on seed multiplication, poultry, bee-keeping, fish ponds, fruits and vegetables and woodlot production.

Similarly, RAP's training and financial assistance in recent years has allowed indigenous Afghan NGOs to claim a fuller share in the rehabilitation of their country. Recognizing the agricultural and rural nature of the Afghan population, restoring the rural economy is the focus of RAP funding strategy.

Supporting Preventive Health Care...



Afghan women trainees learn about microbes and disease vectors. While IRC's Medical Program for Afghans continues to provide curative health care services, the emphasis is increasingly on preventive and health education activities to reduce dependence on clinical treatment as well as to prepare the refugees for their eventual return to an Afghanistan which will remain for some time confronted by a severe shortage of health facilities. The goal of IRC's Women's Health Education Training Project (WHETP) is to develop a cadre of professional health educators capable of teaching health messages in primary disease prevention, health care and hygiene to mothers and children thereby filling the gap created by the lack of adequate health facilities

PAKISTAN

EDUCATION

- ◆ FEMALE EDUCATION PROGRAM
- ◆ SELF-RELIANCE PROGRAM

MEDICAL SERVICES

- ◆ HANGU MEDICAL PROGRAM

Project Area Map - Pakistan



 Areas served by IRC Program for Afghans

N.B. The Hangu Community Education Program provides education resource materials to refugee schools across NWFP

FEMALE EDUCATION PROGRAM

Despite considerable efforts over the years to provide educational opportunities for young Afghans, access to education for Afghan females remains limited. According to UNICEF's 1997 report on the state of the world's children, Afghan adult female literacy rate at 15 percent is the fifth lowest in the world.

IRC believes that the education of women plays a vital role in the development of a nation and is particularly important for the successful rehabilitation and development of war-torn Afghanistan. It is for this reason that during its more than 16 years of work with Afghan refugees in the Northwest Frontier Province (NWFP) of Pakistan, the International Rescue Committee has placed special emphasis on promoting educational opportunities for Afghan female refugees, a sector of the Afghan population which for cultural reasons traditionally receives short shrift in regard to education.



Newly-arrived refugee children in a school supported by IRC's Female Education Program

IRC's education programs for Afghan females have ranged from supporting community-based pre-schools and primary/secondary schools to vocational and employment-related training to prepare Afghan women as educators, teachers, school administrators and office administrators/workers. The rationale underlying all these programs is to provide

Afghan women with the skills they need to take an active role in addressing the demands of Afghanistan's rehabilitation. All of FEP's activities have been facilitated by the quality, effectiveness and cultural sensitivity of their approach which, over the years, has engendered trust within the Afghan community, heightened awareness of the need for education, and helped to meet the ever increasing demand by Afghans for better education for their children.

Female Education and Teacher Training Program

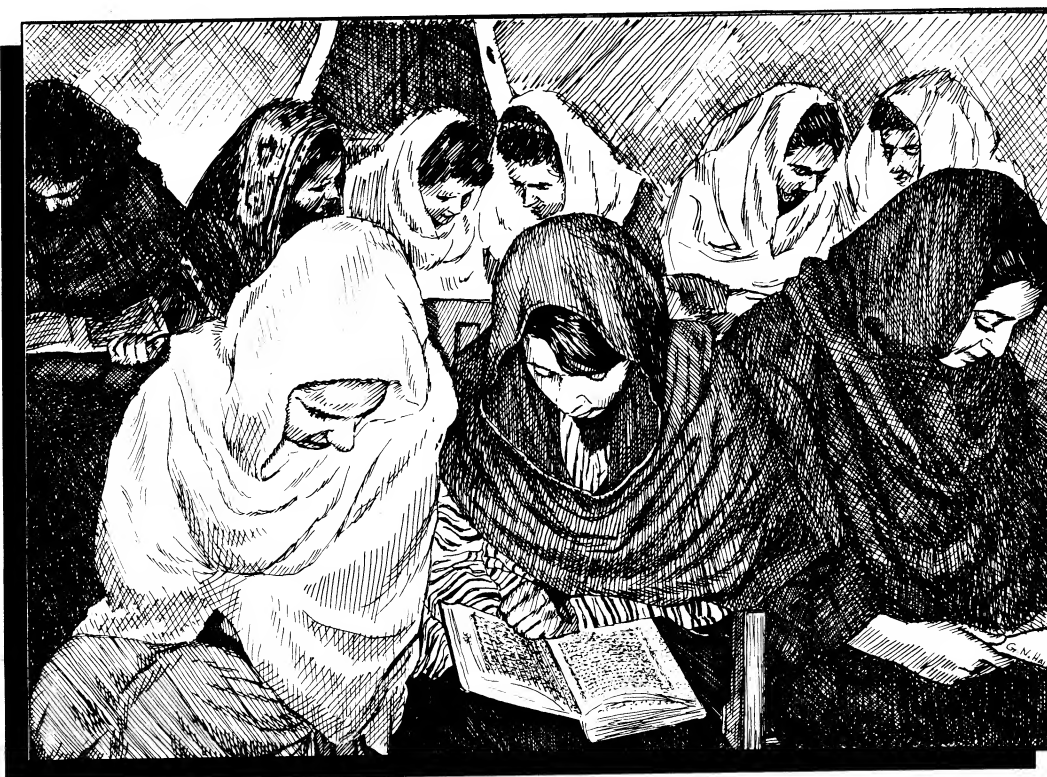
IRC's Female Education and Teacher Training Program (FETT), founded in 1991, aims to expand access to education for girls residing in the Pakistan-based refugee camps and to improve the quality of education provided in Afghan girls' schools. A 1990 UNICEF report on education for Afghan children attributed the very low attendance of Afghan females in schools supported by NGOs to the absence of female teachers. One component of IRC's Female Education and Teacher Training Program is therefore the training of female refugee teachers through teaching-technique and subject-matter seminars coupled with extensive monitoring and supervision to consolidate their knowledge. A second component is the provision of material support to female refugee schools throughout NWFP.

- *FETT trained 99 teachers in four technique seminars. Ten technique workshops were also held for 48 female teachers in IRC-supported refugee camp schools.*
- *A total of 70 participants attended five subject-matter seminars.*
- *Support was extended to 29 schools comprising 343 classes, attended by a cumulative total of 11,962 students.*

• Teacher Training and Monitoring for Primary School Teachers

During 1996, FETT continued its emphasis on technique and subject-matter seminars and workshops, in particular targeting camp-based schools to ensure that FETT-supported teachers in both Peshawar and the outlying refugee camps were equipped with pedagogical and subject-matter knowledge. Training a total of 99 teachers in four 24-day technique seminars during 1996, FETT surpassed its target of 60. Topics covered in the seminars included lesson planning, class management, teaching aids, psychology and the qualities of a good teacher. Teacher trainers also conducted 10 shorter pedagogical technique workshops attended by 48 female teachers in refugee camp schools. As with all IRC teacher training workshops and seminars, a combination of participant-centered techniques such as question and answer, role play, competition, brain storming, group work and demonstration lessons were used throughout.

Monitoring and supervision are indispensable accompaniments of all IRC training programs. To follow-up on training, FETT master teacher trainers conducted monitoring and supervision visits on a twice monthly basis to seminar and workshop participants. During these visits, the trainers observed each teacher in the classroom and assessed them on aspects such as their use of student-centered techniques, class management, teaching aids, lesson plans and students' understanding of lessons taught. Following the observation, teachers were given feedback on their specific areas of strengths and weaknesses. Those experiencing difficulty in any given area were provided on-the-spot guidance.



Young Afghan female refugees from Kabul attending class in a Nasir Bagh camp school supported by FETT

- ***Subject-Matter Seminars***

To ensure continued quality education for students in FETT schools, subject-matter seminars are organized for those teachers who have already taken a technique seminar. Five subject-matter seminars were conducted in 1996, training a total of 70 teachers. Subjects covered in these seminars included Dari, Social Science, Mathematics, Islamiyat and Administration/Management.

- *School Support*

FETT supports Afghan refugee schools in NWFP by providing instructional materials including textbooks and notebooks, educational supplies such as blackboards, paper, pens, pencils, floor coverings and chairs. In addition, FETT provides financial support for academic staff salaries. In view of reduction in donor support for Afghan refugee programs, community mobilization and consciousness-raising has been considerably intensified since the beginning of 1995, in order to encourage refugee communities to assume greater financial responsibility for the education of their children. Consequently, salary support for all teachers and headmasters, located in both camp and urban schools, was reduced; the defrayal of support staff salaries was discontinued; utility expenses were fully assumed by the communities themselves and school rental support ceased. All that remained of financial assistance to FETT-supported schools by the end of 1996 was 75 percent salary support to camp-based schools and 50 percent for urban school teaching staff.



An FETT monitor registering camp children for school material distribution

FETT ended the 1995/96 academic year by supporting 28 schools with a total enrollment of 10,661 students. Upon the commencement of the 1996/97 school year in September, support was extended to an additional school and at the end of 1996 FETT was supporting 29 schools with a combined student population of 11,962.

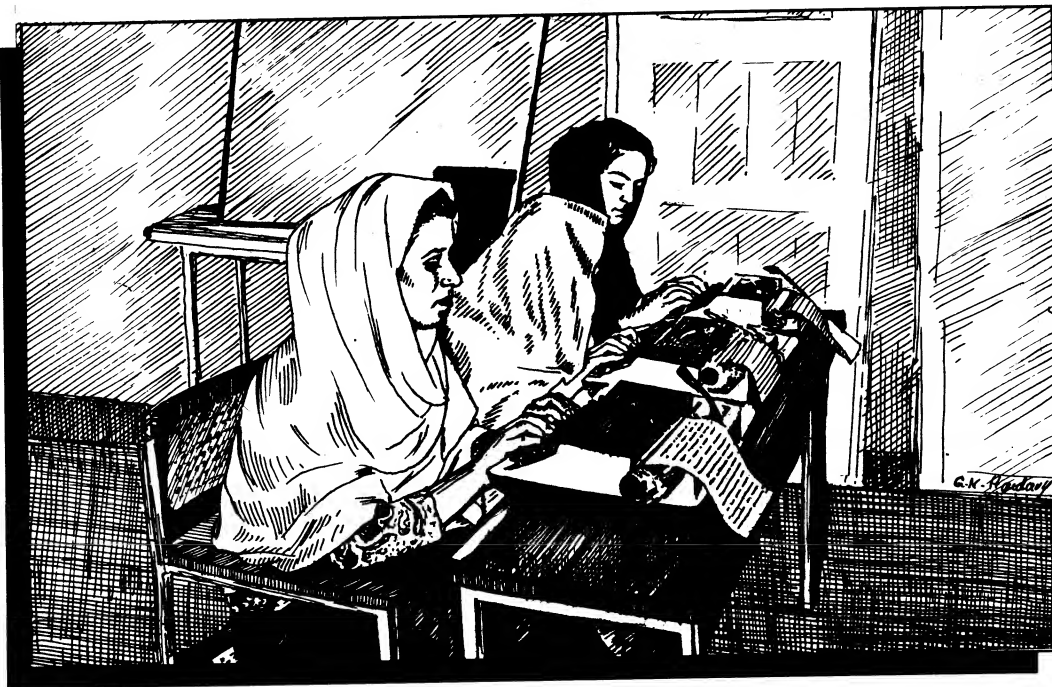
Overview of FETT School Support Activities: 1996						
SCHOOLS		Jan	May	June	Sept	Dec
Schools		27	28	Summer Vacation	29	29
Classes		293	316		345	343
Students	Girls	6,042	6,107		6,734	7,388
	Boys	4,311	4,554		4,194	4,574
	Total	10,353	10,661		10,928	11,962
SCHOOL STAFF						
Teachers		337	362		362	363
Headmaster/principal		34	36		30	32
TOTAL STAFF		371	398		392	395

Women's English Language and Computer Program

The Women's English Language Program (WELP) has provided English language instruction to Afghan women since it opened in 1985, offering two types of training: Classes in English as a foreign language and training seminars and workshops for English teachers. In 1995, WELP and the Women's Public Administration Program (WPA) merged to form the new Women's English Language and Computer Program (WELCP).

- *In 1996, WELCP trained over 1,600 women in English as a foreign language.*
- *44 participants attended the two Potential Teacher Training Workshops held during the year.*
- *A total of 82 females were trained in typing and computer software packages.*

Over the years, IRC English language programs, both male and female, have established a solid reputation for the quality of their instruction and despite the proliferation of competing private language courses, there is a strong demand for WELCP courses among the female Afghan population in Peshawar. During 1996, a total of 1,641 Afghan females attended the English language courses in addition to 82 women who were trained in computer and typing classes. At the end of 1996, IRC began the process of separating WELCP from IRC and establishing it as an independent self-reliant entity meeting its expenses through fees charged. This process is expected to be completed by the middle of 1997.



A WELCP typing class

Women's Health Educator Training Program

The goal of the Women's Health Educator Training Program (WHETP), a project fully staffed by Afghan women, is to improve the level of basic health knowledge among Afghan refugee women and children, particularly those living in camps and rural areas, by training Afghan females as public health educators capable of teaching health messages in primary disease prevention, health care and hygiene to mothers and children. The strategy pursued by WHETP to achieve this goal involves:

- *During 1996, WHETP conducted one health educator training course preparing 35 Afghan women to teach health messages in primary disease prevention in schools and hospitals.*
- *A total of 28 schools and 8 hospitals/clinics in the Peshawar area had health education departments staffed by WHETP trained health educators at the end of 1996.*

- 1) Offering a four-month training course that prepares Afghan women to teach comprehensive health care messages to Afghan women and children;
- 2) Offering 14-day seminars to Afghan female primary-school teachers already working in refugee schools who will be able to raise awareness of good health and hygiene practices among the primary-school populations;

- 3) Facilitating the creation of health education departments in schools, clinics and hospitals.

To ensure successful implementation of the WHETP course and seminars, the health education curricula is continually revised and updated to ensure their continued appropriateness to the changing needs of the Afghan refugee populations.

During 1996, WHETP conducted a training course attended by 35 women. Five seminars for primary school teachers were also conducted, training 113 Afghan female primary school teachers to teach health messages in public health and primary disease prevention to Afghan women and children.



A WHETP trained health educator in a refugee clinic disseminating health messages to women and children visiting the clinic

Kodakistan Education Program

Kodakistan, meaning "place of children" is the Dari word for a pre-school. Since 1998, when the Kodakistan Education Program (KEP) was established, IRC has been actively involved in providing and promoting complete early childhood education for Afghan refugees in NWFP.

The long-term goal of KEP is two-fold: To provide learning and development opportunities to urban and rural Afghan refugee children between the ages of three

months and seven years, while at the same time providing Afghan women with the training and resources necessary to establish and manage culturally appropriate and sustainable early childhood education centers for their children. From the beginning, IRC has placed special emphasis on teacher training and the establishment of community-based kodakistans.

To achieve its goal, KEP operates three major components:

- 1) Outreach Kodakistans
- 2) On-site Kodakistan
- 3) Resource Center



Once a year KEP children and their parents gather at the KEP model pre-school to celebrate Children's Day. Throughout the day, the children stage national dances, small dramas and sing-songs while drawings, paintings and toys made by the children are exhibited

Until the end of 1995, KEP also conducted a four-month Early Childhood Education Training Project (ECETP) to train pre-school teachers. Because of severe resource constraint faced by KEP in 1996, this component of the program was discontinued.

- ***Outreach Kodakistans***

With the assistance of KEP, small-scale, mostly home-based kodakistans are established by teachers in their own communities in Peshawar and in the outlying refugee camps. These kodakistans serve to introduce or reinforce the importance of pre-school education among the Afghan community. A total of 14 outreach kodakistans, with a student body of 331 were in operation at the close of 1996. Of these, 11 were established by teachers in their own homes and three were set up in the Afghan refugee girls' schools supported by IRC's Female Education and Teacher Training Program. Although KEP strategy is to lead all pre-schools toward full self-reliance, the increasing impoverishment within the refugee community due mainly to severe cutbacks in refugee assistance programs in recent times, compelled KEP to provide modest salary support for the teachers in the 11 home-run kodakistans. KEP also provides instructional materials and technical support while the parents of the pre-school children contribute most other materials, including food, in addition to paying whatever they can in monthly fees.

• *One model pre-school and 14 outreach kodakistans were in operation at the end of the year, providing educational opportunities to 445 infants and children, of which 223 were girls and 222 were boys.*

- ***On-Site Kodakistan***

Located at the KEP office in Peshawar, the on-site kodakistan serves as a model for the outreach kodakistans. Maintained by student fees, its main purpose is to provide a center for demonstration and refresher training for outreach kodakistan teachers, while acting as a central collection and rallying point for parents of all the kodakistans. The on-site model pre-school ran 13 classes during 1996: Six pre-school classes for children between three and seven years of age and two nursery classes for children aged from three months to three years were held during the morning while five were held in the afternoon.

- ***Resource Center***

The KEP resource center and library, located on the on-site pre-school premises, are extensively used by teachers in both the on-site and outreach pre-schools. The resource center is responsible for the development of original KEP materials such as low-cost teaching aids and toys, as well as the translation of early childhood educational materials into Dari and Pushto.

SELF - RELIANCE PROGRAM

Established in 1985, IRC's Self-Reliance Program (SRP) aims at providing vocational training, employment and income-generation opportunities for Afghan refugees residing in the Northwest Frontier Province of Pakistan. Special emphasis is placed on the "vulnerables", defined as widows and households without an able-bodied male to see to the basic subsistence of the family, the disabled, the orphaned and the aged with no family links in the refugee villages. The training and assistance activities carried out through the Self-Reliance Program not only augment eligible refugees' abilities to support themselves while in exile, but also help to ensure their livelihood in Afghanistan after repatriation.



*Moving towards self-reliance and dignity ...
SRP tailoring training for widows and other vulnerable women*

Income Generation

To enhance refugees' income-generating abilities, IRC provides in-kind loans and small business assistance, apprenticeship and vocational/skills training to Afghan refugees residing in refugee villages in the Kohat, Bannu and Hangu-Thal areas and the adjoining North Waziristan, Kurram and Orakzai tribal agencies of NWFP. Since 1995, SRP beneficiaries are also receiving small business management instruction incorporated into

their training curricula. The small business management training covers topics such as bookkeeping, inventory control, pricing, marketing and quality control of products.

Prior to undertaking any training activities, SRP conducts a survey to identify the most appropriate skills needed by vulnerable women which could be utilized in Afghanistan once repatriation takes place. Special emphasis is placed on the marketability of the skills which participating widows and other vulnerable women would acquire through the training provided. Based on these surveys, during 1996 SRP provided training in soap making, candle making, tailoring, embroidery and *boria bafi* (basket/mat weaving).

- *700 vulnerable refugees, 550 women and 150 men, received vocational training in 1996.*
- *SRP also issued a total of 666 loans in the form of start-up tool kits for self-employment to Afghan refugee men and women.*

• *Soap/Candle Making Training*

During 1996, a total of 300 Afghan refugee widows and needy women residing in Kohat and Bannu districts and the adjoining tribal agencies were trained in soap making, while another 150 were trained in candle production skills. Training in each field was conducted over a four month period, including a one week follow-up session to assist the women in improving the quality of the products manufactured by them.

Upon the completion of training, each beneficiary was issued a tool kit on a loan basis. Those trained in soap making received a cooking pot, a soap mold, a stamp, a soap cutter, pliers, a hammer and raw materials. The 150 women trained in candle making received two cooking pots, a candle mold, a knife, pliers and raw materials. Each loan is repayable over a 12-month period.

• *Tailoring, Embroidery and Boria Bafi Training*

In 1996, tailoring training was provided to 30 widows and needy women. Training was conducted over a four month period during which the trainees learned to produce men, traditional Afghan clothing. Each trainee received a sewing machine with table, a pair of scissors and raw materials as a loan.

Another group of 40 vulnerable women was trained in embroidery. Of these, 30 beneficiaries specialized in hand embroidery, while the remainder learned machine embroidery. After the completion of training, each trainee received a tool kit as a loan.

Boria Bafi (basket/mat weaving) training was provided to 30 vulnerable women in 1996. As no equipment is required for *boria bafi* and the raw materials are inexpensive, IRC issued each beneficiary a sewing machine on a loan basis thus enabling them to further supplement their family income.

- ***Small Business Training for Males***

To overcome difficulties faced by women in marketing their products, business management training specializing in marketing was provided to 48 males selected by the women in each of the above-mentioned production groups. The designated males market the products manufactured by the women and receive a percentage from the sale of the women's products.

- ***Apprenticeship Training for Males***

During 1996, 102 vulnerable male refugees were apprenticed, with SRP assistance, to various trades and craftsmen located in the project areas. Apprenticeships were sponsored in the following trades: Auto repair, hair cutting, bicycle repair, confectionery production, laboratory assistant, welding and watch repair. Following their apprenticeship which lasted up to nine months, 83 newly-trained apprentices took loans in the form of tool kits needed to start their own businesses.

- ***Credit Scheme***

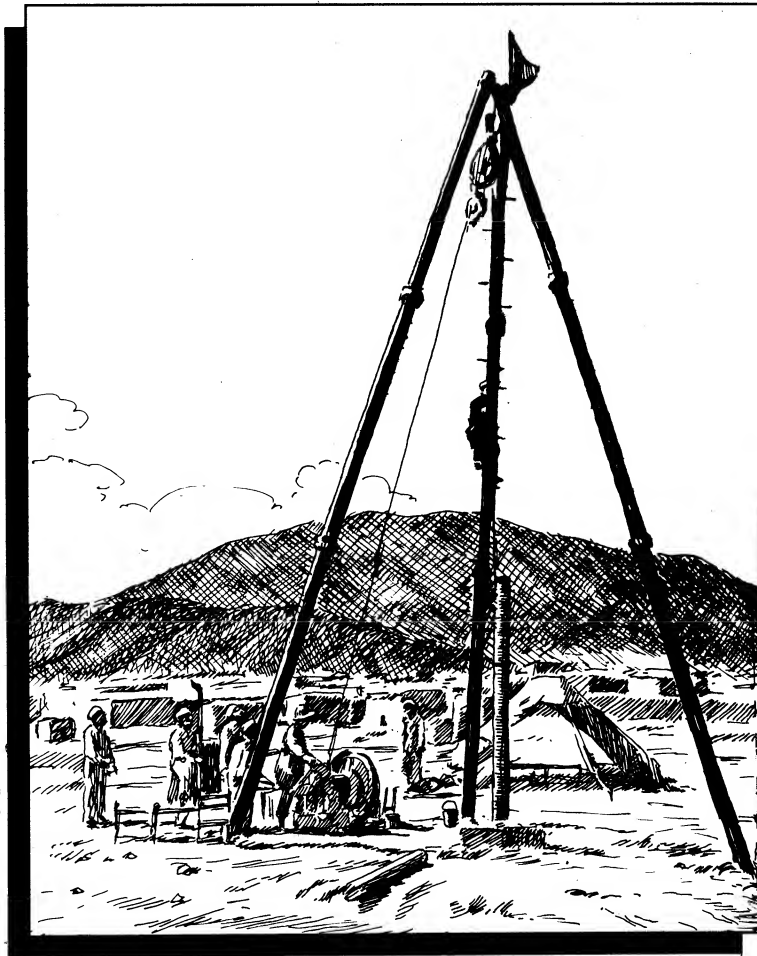
Established in 1987, the SRP Credit Scheme seeks to foster income generation opportunities for vulnerable Afghan men and women. Geared toward the promotion of traditional enterprises, the project enables Afghan women and artisans to establish their own small businesses by issuing interest-free loans of tools, equipment or raw materials. All loans are repayable in installments within a maximum period of 12 months. During 1996, 240 loans were completed.

Services

- ***Water Supply Program***

IRC's Water Supply Program provides shallow well development, chlorination and pipe scheme maintenance services for the water supply in Afghan refugee camps situated in the Hangu-Thal area, Bannu and Kohat districts, Dera Ismail Khan and North Waziristan and Kurram agencies. The goal of the Water Supply Program, funded by UNHCR, is threefold: To ensure an adequate supply of potable water for the refugee communities, to control water-borne diseases by maintaining and repairing water supply facilities, and to improve the refugees' abilities to provide themselves with their basic water needs by encouraging community responsibility for water supply.

UNHCR's policy has been to encourage communities with elaborate water supply systems in place, such as tube-well pipe schemes, to take over maintenance and management responsibilities for their water supply. Under this program, UNHCR retains ownership of the tube wells and covers 75 percent of the cost of major repairs to pumps, generators, motors and transformers, while the Water Management Committees (WMCs) are responsible for all other operating costs. Those who are unable to take over elaborate water supply systems such as tube-well pipe schemes are encouraged to switch to the simple technology of shallow wells and hand pumps. The refugee communities provide labor for digging and once a well is dug IRC constructs the superstructure which is fitted with a hand pump.



In areas where shallow wells are not feasible, SRP's Water Supply Program drills boreholes to provide safe drinking water for refugee camp residents

During 1996, as part of the UNHCR shallow well development program, IRC's Water Supply Program developed a total of 182 shallow wells, drilled 9 boreholes and installed 84 Indus hand pumps for Afghan refugee communities in approximately 30

camps in NWFP. To ensure that the drinking water in the refugee camps is free from pathogens a total of 7,293 shallow-well chlorination operations were conducted. This program ended in June. During the second half of 1996, the Water Supply Program only supplied chlorine while the refugees did their own well cleaning and chlorination.

- ***Gabion Production***

IRC's gabion project has been producing gabion sheets since 1988. A gabion is a wire mesh panel which can be assembled on-site to form a one cubic-meter cage. When filled with stones, the cage becomes a cost-effective erosion control barrier that can be used in agricultural projects and dam, dike and road construction. Originally based in Hangu where over 1,600 refugees, many of them disabled, were trained to hand-weave these panels producing income for their families, in 1994 the project was transferred to Khost in Afghanistan. During 1996, the project produced over 40,000 square meters of gabion.

- ***Printing Press***

Fully managed and operated by Afghan refugees since its establishment in 1985, the Printing Press has from the outset focused on the printing of textbooks for primary and secondary Afghan school students, both in Pakistan and Afghanistan. In addition, it also offers a wide range of printing, desktop publishing and binding services to NGOs, U.N. and local customers. Publications are prepared in Dari, Urdu, Pushto and English. Completely self-sustaining at the end of 1996, the Printing Press was transferred to Agency Coordinating Body for Afghan Relief (ACBAR). The Jalalabad branch which was established in 1995, was taken over by UNCHS.

- ***Health Education Resource Center***

The Health Education Resource Center (HERC) was launched in 1986 to develop and provide health education resource materials to IRC as well as international and national NGOs and members of the U.N. family. Its services include the design, field testing and production of medically relevant and culturally appropriate public health messages which are then reproduced on silk screen or plastic. The original posters, flip charts and other media which HERC produces are used for training in a wide variety of settings such as clinics, schools and hospitals as well as in community gatherings. Poster themes have dealt with the main issues affecting the refugee population, ranging from diarrhea, malnutrition, malaria, acute respiratory infection and sanitation to drug control, goiter, immunization and safe motherhood. Operating on a self-sustaining basis since 1993, HERC is expected to transform itself into a separate entity by mid-1997, with its own board of directors and no longer needing IRC assistance.

HANGU MEDICAL PROGRAM

Responding to the massive influx of Afghan refugees, the International Rescue Committee (IRC) initiated a medical program in the Northwest Frontier Province (NWFP) of Pakistan in 1980. Within five years of its inception, the program had expanded from providing curative services through two mobile clinics to providing curative and preventive services to more than 200,000 refugees in 13 camps stretching from Hangu to Thal in Kohat District.

The core component of the Hangu Medical Program is the Basic Health Units (BHUs) operating in the refugee camps in the Hangu-Thal area, serving a total population at the end of 1996 of 164,869. Mobile medical teams, each headed by a male and/or female officer, rotate among the BHUs. These teams consist of three Lady Health Visitors (LHVs), who work in the Maternal and Child Health clinics (MCHs), a vaccinator, two malaria supervisors, three to four Community Health Supervisors (CHSs), two Dressing Health Workers (DHWs), between four and six *dais* (maternal and child health care workers), a dispenser and support staff. Hangu Medical Program's BHUs provide diagnostic and pharmaceutical services, as well as laboratory and referral services that supplement the clinics' capacity to provide high-quality and reliable care. In 1996, the Program operated BHUs in nine camps.

- *Hangu Medical Program's BHUs recorded a total of 223,754 patient visits during the year.*
- *Increasingly the vast majority of patients visiting the BHUs are the most vulnerable among the refugee population - women and young children, without access to alternative health services. Over 74 percent of patient visits recorded in 1996 were by women and children under five years of age.*

In 1995 UNHCR began to phase down its refugee assistance by consolidating, handing over or closing down many of the basic health units it supported over the years. In light of the reduction in support for Afghan refugee programs, the Hangu Medical Program also revised its strategy in order to place increased stress on promoting greater self-sufficiency in regard to basic health care on the part of the Afghan refugee populations. A system of modest fees for services rendered was introduced at the beginning of 1995. Adult male refugees were charged Rs. 5 per visit to the main clinics and women and children under three visiting the MCH section paid a nominal

fee of Rs. 1. In a measure to cut costs, six of the twelve BHUs were closed, in the hope that the refugees of those villages would be able to travel the distance required to the nearest open BHU.

Experience gained during 1995, however, showed that the combination of BHU closures and fees charged substantially changed IRC coverage of health care services to the refugee populations. What was particularly alarming in the changed coverage was that only 20 to 25 percent of patients visiting the BHUs were from neighboring camps without a functioning BHU. While male refugees have readier access to alternative health services in nearby cities or towns, women and children were more adversely affected by the BHU closures. The effect appears to be related to a distance factor, that is, the cost of transportation and the need for a male escort to BHUs located at some distance from the camp of residence.

In light of this negative impact and to remain true to its overall goal of addressing effectively the health problems in the refugee community as well as of improving refugees' basic health care awareness, further modifications were introduced at the beginning of 1996, with the particular goal of catering to the health needs of the most vulnerable refugees in camps without a functioning BHU. BHU services were extended to an additional three camps. In light of the straitened funding situation, fees for services were however also increased, from Rs. 5 to Rs. 10 in the main clinics and from Rs. 1 to Rs. 5 in the MCH clinic and for clinical care of children under three years of age. Beneficiaries of clinical services were also required to pay 50 percent of the cost of the medicines prescribed. On the other hand, a population of "vulnerables" totalling some 1,485 families, or nearly 9,200 individuals, spread throughout the 12 camps, was identified, checked and reverified by the Medical Program staff. This population received "family books", entitling them to free medical care.

To increase the long-term sustainability of the clinical services, all medical officers are now working on a contractual basis with the Hangu Medical Program. Availing themselves of the facilities and auxiliary staff in the BHUs, they are recovering the cost of their salary from the income they earn. The remaining income is plowed back into the Program and applied against the cost of medicines.

Primary Health Care Services

While the Hangu Medical Program continues to provide curative health care services as in the past, the emphasis on improving and expanding its preventive and health education activities to reduce dependence on clinical treatment was significantly

intensified in 1995. At that time the Program revised its service strategy to place greater stress on promoting health care awareness and basic health care self-sufficiency on the part of the refugee population. Emphasis is on prevention and treatment of childhood diarrheal diseases and the EPI target diseases, the prevention of childhood-related morbidity and mortality, nutrition monitoring for infants and young children, and the prevention and treatment of malaria and tuberculosis throughout the refugee population.



MCH Lady Health Visitors check infants for signs of illness or malnutrition

- **Maternal and Child Health Program (MCH)**

Operating out of the BHUs, the MCH program provides special curative and preventive health services to three particularly vulnerable groups: Pregnant women, lactating mothers and children under the age of five. The MCH program includes the following components:

Antenatal and post-natal program: This component seeks to improve the health of both mother and infant as well as to ensure safe delivery. Antenatal services include the prevention and treatment of anemia, tetanus toxoid vaccinations, nutrition education and the identification of high-risk pregnancies to ensure that deliveries in such cases are

conducted by a trained female health worker. A total of 6,205 pregnant women, or 85 percent of the estimated total pregnancies for the year, registered with an MCH clinic in the nine operating BHUs, surpassing the target of registering 70 percent of the pregnant women in the camps. The reopening of BHUs in three camps has clearly made it considerably easier for pregnant women from those camps to visit the MCH clinics.

The objective of post-natal care is to prevent complications that arise with either the mother or her newborn. Newborns receive medical attention by a Lady Health Visitor (LHV) or medical officer within the first ten days of birth. In 1996, the LHV teams and medical officers conducted 3,255 post-natal visits, covering 45 percent of the reported total births for the year and surpassing the program target of 40 percent.

Under-three clinic: This portion of the MCH program provides growth monitoring and immunizations for the child. The MCH clinics strongly encourage mothers to register all newborns so that the staff may begin monitoring the infants' growth and refer them for timely immunization and any necessary medical treatment. During 1996, the MCH clinics registered 6,269 children under one year of age, surpassing the program target of registering 90 percent of the under-one infants in the camps.

- *A total of 6,205 pregnant women, or 85 percent of the estimated total pregnancies for the year, registered with an MCH clinic in the nine BHUs open in 1996.*
- *The MCH under-three clinics registered a total of 6,269 children under one year of age for growth monitoring and immunizations.*
- *Program LHVs provided refresher training for 396 FHVs and health education sessions for over 45,000 women visiting the BHUs.*

Nutrition education program: To prevent malnutrition, the MCH program provides non-formal educational messages on how to compose and prepare healthy and well-balanced meals for the family. Children who are suffering from second-degree malnutrition (less than 80 percent weight for height) or third-degree malnutrition (less than 70 percent weight for height) are enrolled in the nutrition education program and closely monitored. Program LHVs visit and monitor third-degree malnourished children in their home environment. A total of 302 new cases of severe malnourishment, 225 second-degree and 77 third-degree, were registered in 1996. At the close of 1996, a total of 404 malnourished children, including 174 observation

cases, were being treated by the Program, which amounts to a low malnourishment rate of 1.34 percent for the IRC-served camps.

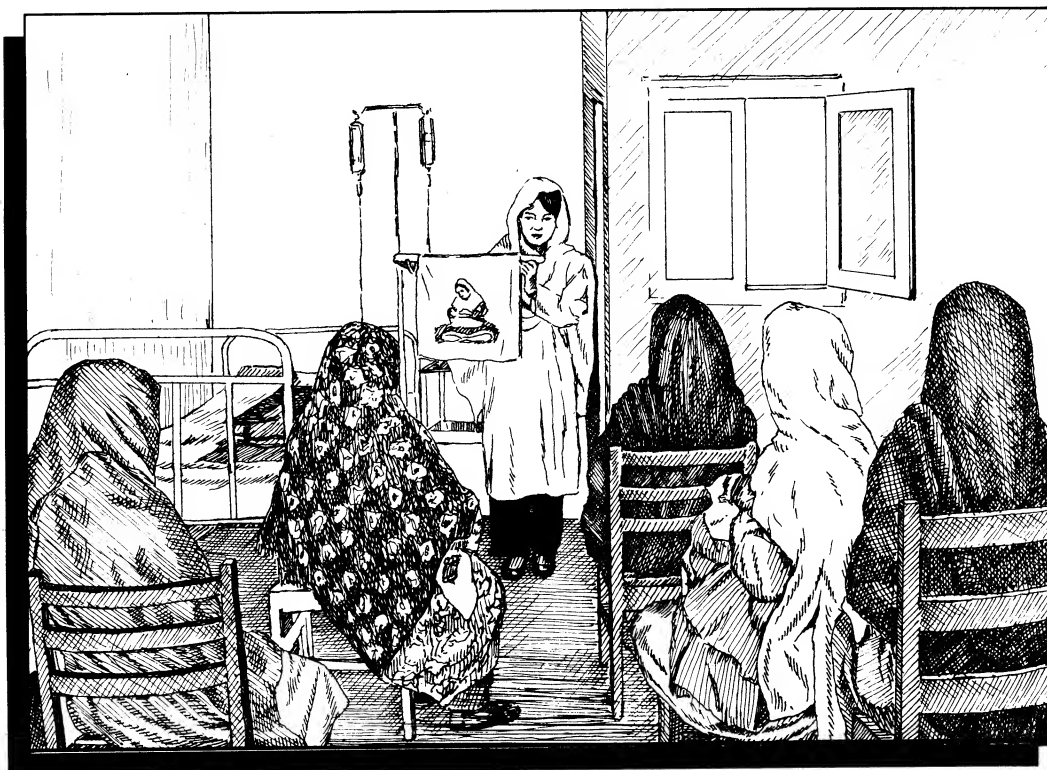
Reproductive health program: An innovation introduced in 1996 was an expanded reproductive health program for Afghan women refugees of child-bearing age. Some degree of reproductive health services such as antenatal and post-natal care and referrals of complicated gynae/obstetrics patients to area hospitals has been a feature of the Hangu Medical Program since 1980. Over the years, approximately 2,300 Female Health Workers (FHWs) were also trained as traditional birth attendants, but there were no facilities for the management of complicated deliveries and insufficient awareness of the need and importance of birth spacing and control, particularly unfortunate among a population recording a greater than 3.7 percent birth rate. The program follows a careful strategy which pays full heed to both cultural sensitivities and religious precepts to provide reproductive health services. These services currently center on health education, information and assistance in the areas of safe motherhood, family planning, management of other reproductive health concerns and reproductive health surveillance and monitoring.



An IRC female medical officer examining a pregnant patient in the MCH clinic.

Outreach health workers expand the reach of these special MCH services. Volunteer FHWs, selected by their communities, act as a link between the community and the BHU. Each FHW monitors pregnant women and young children in three to six refugee homes. The responsibilities of the FHWs include attending home deliveries and applying safe delivery techniques, referring children and pregnant women to the nearest MCH center for antenatal care, immunizations, post-natal care and delivering information on a broad range of health education topics in refugee homes.

The Hangu Medical Program's Lady Health Visitors (LHVs) supervise the FHWs and supplement the MCH program's activities at the BHUs by visiting and monitoring pregnant women and malnourished children at their homes, referring pregnant women and children to the BHUs when required, and attending home deliveries. During 1996, the LHVs made a total of 92 visits to the homes of 77 registered third-degree malnourished children. During the visits, they taught mothers and other family members present about household cleanliness, hygiene, proper nutrition and the importance of taking children to the MCH clinics when the need arises. The LHVs also conducted cooking demonstrations to show mothers ways to combine various food groups in one meal to ensure that their families received a well-balanced and nutritious diet.



A health education session on early childhood care

- ***Community Health Worker Program***

The volunteer Community Health Workers (CHWs) have a crucial role in raising health care awareness among the Afghan refugee populations and in the Medical Program's shift in focus from curative to preventive services. Supervised by the Community Health Supervisors (CHSs), the CHW staff like its female counterpart the FHWs, acts as a link between the community and its BHU. Each CHW, in accordance with UNHCR guidelines, is assigned to 30 families.

- *The approximately 450 CHWs active in 1996, paid a total of 142,323 visits to the homes of refugees under their care to treat minor illnesses and disseminate health education messages.*
- *During the year, CHWs also referred over 59,000 patients to BHUs for treatment.*

The CHWs have three primary tasks: Teaching health improvement lessons to families, treating minor illnesses, and referring patients who need BHU staff attention to the clinics. During their home visits, CHWs deliver health education messages regarding seasonally related illnesses.

- ***Expanded Program for Immunization***

The Expanded Program for Immunization (EPI) is the core of the outreach portion of the Medical Program, providing immunizations against six preventable childhood diseases: Tuberculosis, pertussis, diphtheria, polio, tetanus, and measles. The program also offers tetanus toxoid vaccinations for women of child-bearing age. In parallel to the vaccination program in the operative BHUs, two outreach teams composed of male and female vaccinators work in all 12 camps, ensuring access to the female segment of the population.

- *During 1996, a total of 57,821 doses of different vaccines were administered to children under five years of age, mostly to infants under one year.*
- *The 96 percent full immunization coverage achieved for children under one year of age, is an improvement over the 89 percent recorded in 1995.*
- *The total of 5,581 women between the ages of 15 and 45 fully immunized against tetanus in 1996, is also 34 percent higher than the number of women immunized against TT in 1995.*

Through a program of CHW and CHS follow-up, immunization defaulters are tracked down and brought in for vaccination by either the BHU or outreach vaccinators. The 96 percent full immunization coverage for children under one year of age and the 91 percent coverage achieved for pregnant women immunized against TT in 1996, was an improvement over 1995 and surpassed the program target of 85 percent.

• ***Malaria Control and Sanitation Program***

In counterpoint to the immunization program, the malaria control and sanitation program seeks to control malaria, diarrheal disease and vector-borne diseases by providing waste management and malaria control as well as environmental health education to refugees in IRC-served camps. The sanitation staff maintains existing latrines in BHUs and schools and, where required, builds new latrines. During 1996, the program constructed 31 new latrines at the BHUs and schools and maintained another 30.

To eliminate vector-borne diseases, the Malaria Control Program conducts campaigns to destroy mosquito breeding sites and sponsors community health education sessions.

- *To increase community awareness of malaria prevention, the Malaria Supervisors conducted 1,505 health education sessions for a total of 10,123 participants during 1996.*
- *Working with the communities the Malaria Supervisors also eliminated 1,678 ponds, disposed of solid waste at 2,138 sites and cleaned the areas surrounding 2,425 water sources during the year.*
- *Through a collaborative effort of MSF-Holland, UNHCR and IRC 95 percent of the total houses in two camps selected for anti-malarial sprays were sprayed with insecticides in 1996. The labor costs of the sprays were defrayed by the refugee communities.*

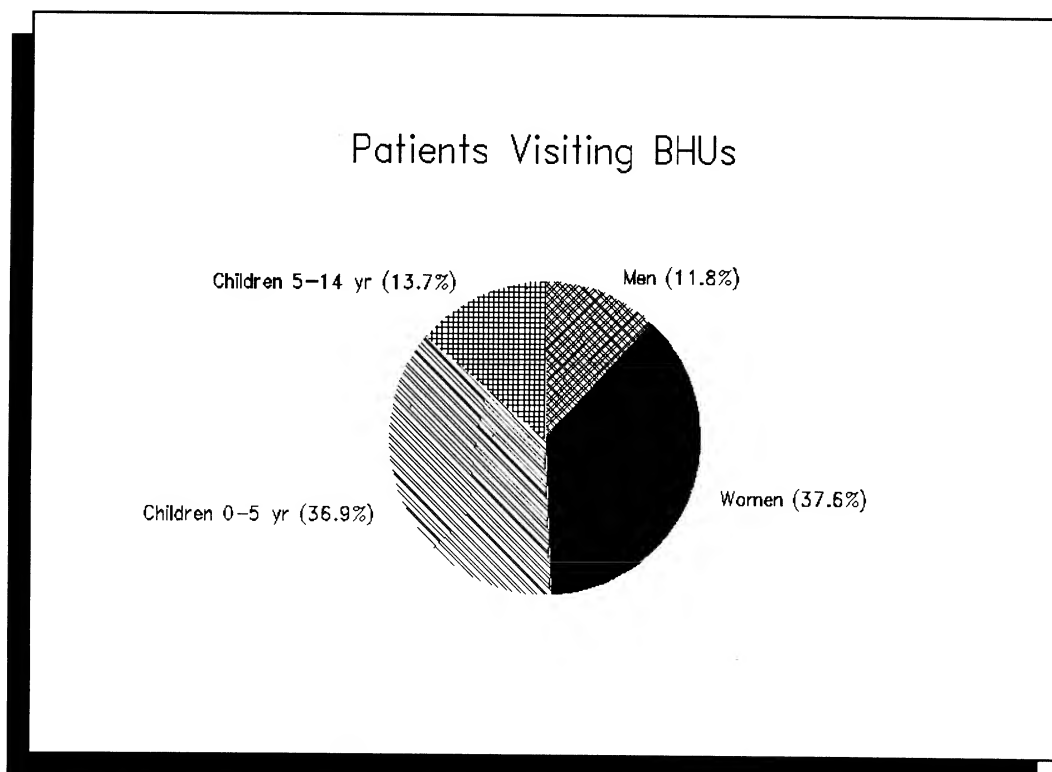
MSF-Holland in combination with UNHCR select the camps for annual spray campaigns according to their set criteria. In 1995, camps with more than five falciparum or 10 vivax cases per 1,000 population were selected for the 1996 spray campaign. Since reports of malaria positive cases in the majority of camps was low in 1995, only two camps - Thal I and Thal II - qualified for spray campaigns. The campaign was implemented between July and August, when both camps were sprayed with malathion. All insecticides used in the campaign were supplied by UNHCR, while the protective clothing was provided by IRC. The labor costs for the spray campaign were defrayed by the communities themselves. By the end of the campaign, 95 percent of the total houses had been completely sprayed.

To increase community awareness of malaria prevention, the Malaria Supervisors conducted 1,505 health education sessions for a total of 10,123 participants during 1996. The Malaria Supervisors also visited the 12 camps on a weekly basis to observe the sanitary conditions and meet with families to encourage them to keep their environs clean. The Malaria Supervisors' responsibilities also involve motivating communities to dispose of solid waste by burning, burying or physical removal, and to eliminate stagnant ponds through filling, drainage or treatment with kerosene. During the year, the Malaria Supervisors working with the communities eliminated 1,678 stagnant ponds, disposed of solid waste at 2,138 sites and cleaned the areas surrounding 2,425 water sources.

Diagnostic and Curative Services

- *Main Clinics*

The main clinic of each BHU provide diagnostic and pharmaceutical services to the refugees in addition to laboratory and referral services that supplement the clinics' capacity to offer high-quality and reliable care. The ailments most often diagnosed include respiratory tract infections, musculo-skeletal aches and injuries and gastric problems. Malaria, tuberculosis, and diarrheal disease are monitored very closely and are controlled with substantial reliance on preventive and health education services. Of the 223,754 patient visits recorded by the nine BHUs in 1996, over two-third were by women and children under five years of age.



Referral Program: Patients requiring specialized consultation, admission to hospital, or surgery are referred to Kohat or Peshawar hospitals by the Medical Program referral office. A total of 579 such patients were referred to Kohat and Peshawar hospitals for treatment by the BHU medical officers and the referral office during 1996.

Pharmaceutical Services: Each BHU contains a small pharmacy that provides medication to refugees and stocks all necessary drugs, in accordance with the UNHCR essential drug list, for treating common illnesses in the refugee communities. Special drugs are also provided for chronic-care patients diagnosed in the referral hospitals in Peshawar or Kohat.

Laboratory Services: To supplement the BHUs' diagnostic work, the Medical Program operates one main laboratory in Hangu and two field laboratories in Mohammed Khoja and Thal II camps. The field laboratories perform malaria, blood and stool tests. All other specimens collected from the BHUs are sent to the main Hangu laboratory. Malaria and TB are diagnosed by conducting laboratory examinations. Cross-checking of blood smears and sputum specimens by the Italian Cooperation for Development (ICD) and Medecins sans Frontieres (MSF)-Holland verifies accuracy and ensures quality control. In 1996, a total of 63,466 slides and specimens were examined by the main and field laboratories.

- *During 1996, a total of 63,466 slides and specimen, including 26,802 MP slides to detect the presence of malaria, were examined by the Medical Program's main and field laboratories.*
- *IRC's dental clinic treated 3,933 patients during 1996 - a number pointing at the poor state of dental health still prevalent among the camp populations.*
- *In the area of preventive dental health, the dental nurse and the Community Health Supervisors (CHSs) conducted 421 dental health sessions for a total of 7,869 participants during the year.*

• **Dental Program**

In 1988, IRC established a dental clinic in Mohammed Khoja camp which to this day remains the only service of its kind available to the Hangu-Thal refugee population. Dental cavities and periodontal disease are particularly common in refugee camps where they are caused and then aggravated by the endemic conditions of inadequate nutrition and poor personal hygiene. Most refugees tend to delay visiting the dental clinic until their dental disease has reached such an advanced stage as to require extraction. To

counter this trend, dental health education sessions were started in 1991 and progressively intensified over subsequent years.

Headed by a dentist, the dental clinic provides a full range of curative dental services including extraction, filling, draining of dental abscesses, scaling and pulpectomy. All cases requiring advanced surgical procedures are referred to Peshawar hospitals or clinics. The dental nurse assists the dentist at the clinic one day a week. On the remaining work days, the dental nurse accompanies the medical teams rotating among the other BHUs where he screens patients with dental problems, performs basic curative services and provides health education on dental care and disease prevention. When a more invasive dental procedure or dental surgery is required, the dental nurse refers patients to the dental clinic or to other clinics in Hangu.

During 1996, a total of 3,933 patients were treated by the dental program staff, pointing at the poor state of dental health still prevalent among the camp populations.



The high prevalence of dental cavities and periodontal disease among refugees, keep the dentist occupied in his clinic in Mohammad Khoja Camp

PAKISTAN / AFGHANISTAN

EDUCATION

- ◆ **HANGU COMMUNITY EDUCATION**
- ◆ **SCIENCE AND TECHNOLOGY TRAINING**

Program Area Map - Pakistan / Afghanistan



Areas served by the Hangu Community Education Program and the Science and Technology Training Program

Note: These two programs also provide resource materials and textbooks to refugee schools throughout NWFP

HANGU COMMUNITY EDUCATION PROGRAM

IRC firmly believes that education is one of the most effective ways to overcome the socio-economic and political obstacles which currently hinder development in Afghanistan. Unfortunately, in the refugee camps as well as in Afghanistan, childrens' access to education is severely limited by the scarcity of schools as well as constraints on both the families' finances and their geographical mobility. Where schools exist the quality of teaching is generally found to be poor. Very often the teachers' pedagogical and subject-matter knowledge is deficient and their method of teaching focuses on rote memorization and chanting. At the request of the Afghan refugee community in and around Hangu, the Hangu Community Education Program (HED) was established in 1988 with the overall goal of expanding access to primary education in IRC-served refugee camps and improving its quality. Three years later, in coordination with IRC's Rehabilitation Program for Afghanistan (RPA), the Hangu Community Education Program extended its activities across the border into Afghanistan and began providing material and teacher training assistance to schools in rural communities in Afghanistan as well. To realize its objectives, HED carries out the following tasks:

- Training, monitoring and supervising primary school teachers in Afghan community-based schools and primary classes.
- Upgrading the managerial skills of school administrators.
- Providing material and financial support to primary classes and schools.
- Designing and producing teacher guides and other instructional materials

- *Training only 34 teachers in its inaugural year in 1988, by the close of 1996 HED had trained a cumulative total of 2,737 Afghan refugee teachers in Pakistan through its pedagogical, subject-matter or school administrator seminars.*
- *Similarly, between 1991 when the Program began working to improve educational opportunities in rural communities in Afghanistan, and the end of 1996, it had trained 2,218 Afghanistan-based teachers, school administrators and headmasters.*

The Hangu Community Education Program has developed three types of seminars for primary school teachers and administrators working in both Pakistan and Afghanistan: Pedagogical seminars which emphasize student-centered teaching techniques, subject-matter seminars in mathematics and Dari/Pushto and, school administration seminars for school principals and administrators.

Increased Promotion of Self-Reliance in Refugee Primary Education

With the reduction in funding for Afghan refugee programs, the Hangu Community Education Program has been progressively increasing its emphasis on refugee communities' financial contribution to the primary education of their children. Starting in January 1995, all male students, with the exception of orphans and those too poor to pay, began paying a modest monthly fee of Rs.5. Female students were charged only a token fee of Rs.1 per month to encourage refugee parents to send their daughters to school. These fees were doubled as of September 1995, the beginning of the 1995/96 academic year. At the beginning of 1996, the Program discontinued payment of stipends to teachers attending its seminars. Only actual expenses incurred for transportation to the seminar sites were reimbursed.

Teacher Training for Primary School Teachers

A foremost priority for the IRC male and female education programs for Afghans has been the training of teachers and teacher trainers in both Pakistan and Afghanistan. It is IRC's belief that teacher training is one of the most effective ways of improving and extending high-quality education to a maximum number of students. The improved pedagogical techniques promote good teaching habits which must include fostering student participation, allowing time for practice teaching and sustained monitoring and evaluation of classroom performance of the teacher trainees. It has been found that interactive teaching techniques and effective classroom management practices enhance the learning process.

- *During 1996, Hangu Community Education Program conducted 18 seminars in Afghanistan, including 6 pedagogical seminars, training a total of 520 teachers, school administrators and headmasters.*
- *In Pakistan, a total of 83 Afghan refugee teachers were trained in four seminars during the year, in addition to 20 headmasters and school administrators who participated in a 12-day duration school administrators' seminar.*

The number of teachers trained by the Hangu Community Education Program in Pakistan has grown from 34 in the Program's inaugural year to a cumulative total of 2,737 by the close of 1996. Between 1991, when the Program began working to improve educational opportunities in rural communities in Afghanistan, and the end of 1996, it had also trained and monitored 2,218 Afghanistan-based teachers and school administrators and headmasters.

School Administrators' Training

While the teachers were making significant progress in their effective use of the new teaching techniques and were gaining confidence in their subject-matter knowledge, both they and the students were suffering from the absence of consistent leadership capable of coordinating school business, establishing proper discipline and organization, and providing an overall atmosphere conducive to learning. In March 1993, the Hangu Community Education Program conducted its first school administrators' training seminar. The aim of the seminar was to enhance the administrative and managerial skills of the headmasters and covered such topics as discipline, organization and record-keeping, coordination of school business and activities, delegating responsibilities and creating a teamwork approach. During 1996, the Program conducted one seminar for 20 refugee school administrators in Pakistan. In Afghanistan, a total of 100 principals and administrators participated in four seminars.



Community-based classes, like the one above, are supported by the Hangu Community Education Program in Afghan refugee camps throughout NWFP.

Resource Support for Community-Based Schools and Primary Classes in Pakistan

The closing of Afghan party-run schools during 1992/93 created a crisis which left thousands of young Afghan boys and girls stranded without educational opportunities in the Hangu-Thal area camps. To remedy this situation, the Hangu Educational

Program, with generous support from one of its traditional donors, in 1994 opened one primary school in each of the 12 IRC-assisted camps and one secondary school. These schools regularly receive textbooks, classroom supplies, teacher salaries, tents and tarpaulins, and are closely monitored. Staff performance is supervised and feedback given to teachers to upgrade their teaching proficiency.

During the course of the year, total enrollment increased from 7,021 recorded at the end of 1995, to 7,283 at the end of December 1996. Although the Program's main focus is to assist the Afghan male student population (IRC's Female Education Program catering for female refugees), the Program also supported an average enrollment of 529 girls in grades one to three.

Hangu - Thal Area Camp Schools				
School	Enrollment		#of classes	# of teachers
	Boys	Girls		
Dallan	473	35	18	16
Darsamand I	818	-	19	20
Darsamand II	602	22	17	18
Doaba	867	35	23	22
Hangu Branch	331	-	13	16
Hazrat Bilal (Secondary School)	234	-	8	11
Kacha Pakha	363	51	11	11
Kahi	1,026	95	24	25
Khisara	304	-	8	9
Kotki	525	96	17	17
Lakhti Banda	347	-	6	6
Thal I	235	-	8	9
Thal II	630	195	20	20
Sub - Total	6,754	529	192	200
Total	7,283		192	200

The Program also supports one other community school and 30 community-based primary classes. The community-based primary classes are located at different sites throughout the IRC-served refugee camps and provide education to refugee boys and girls in grades one through three. Teachers in these classes are nominated by the community and then screened, trained and supervised by the Program staff. At the end of 1996, the 30 classes had an enrollment of 633 girls and 605 boys. The Naryab School, which only enrolls boys in grades one through eight, had a total enrollment of 426.

In addition to supporting primary schools and classes in the Hangu-Thal camps, the Hangu Community Education Program also provides textbook and educational material support to refugee schools throughout NWFP. In 1996, the Program discontinued its support to the city schools in order to focus its assistance exclusively on camp-based schools. The reason for this being that the majority of the city schools are "self-help" schools which basically operate on a student contribution system. Surveys conducted in the camps, on the other hand, however indicated that camp school students had difficulty contributing toward their education and had only access to reduced assistance. During 1996, 52 camp schools, with a total enrollment of 12,330, received textbook and educational materials support.

Community Education Support in Afghanistan

This component of the Program provides material support in the form of textbooks and school supplies to community-based primary schools and classes that request assistance and are located in IRC's five targeted Afghan provinces: Paktika, Logar, Khost, Nangarhar and Paktia. Most of these schools lack even the most rudimentary supplies. Classes are often held outdoors because buildings have been destroyed. Books, when they exist, are often shared between three or four students. Instructional aids like chalk, boards or charts are luxuries that are seldom in evidence. Assistance to these schools not only provides material support for classrooms and needy students, but indirectly serves to improve the self-esteem and community stature of the teachers. In agreeing to receive textbooks and school supplies, the communities also agree to allow Program trainers to monitor classes to ensure materials are being used properly.

The 1996 textbook distribution program in Afghanistan was delayed because of the closure of the Afghan-Pakistan border for all NGO transportation of project materials and supplies in early June 1996 by the Government of Pakistan (GOP). With the help of the World Food Programme (WFP) the transportation of textbooks and school

supplies to Afghanistan was finally completed in mid-September and supplies were subsequently distributed to schools in October.



Classrooms, desks and tables are luxuries few rural Afghanistan-based schools can afford. Students attending an outdoor class supported by the Hangu Community Education Program



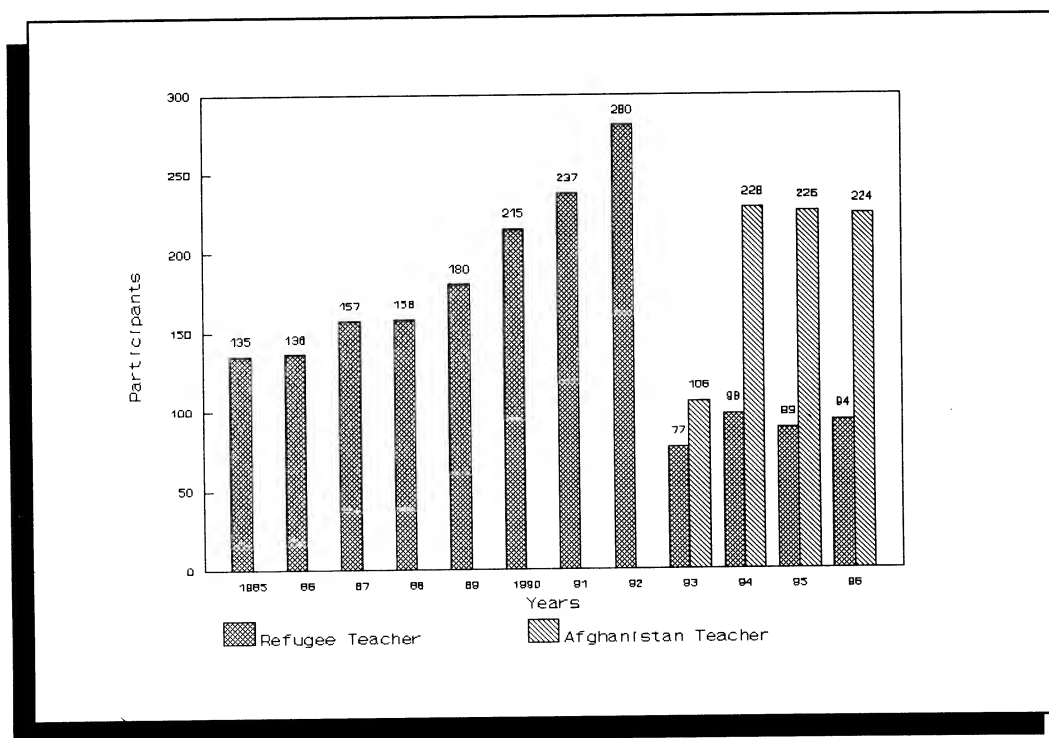
SCIENCE AND TECHNOLOGY TRAINING PROGRAM

Established in 1985, IRC's Science and Technology Training (STT) Program focuses on improving the quality of secondary education for Afghans, with an emphasis on mathematics and sciences, to provide an educational base for reconstruction efforts in Afghanistan. IRC thus seeks to provide Afghans with the skills they will need to respond to the enormous and diverse demands which face post-war Afghanistan.

Originally two components constituted the STT Program: the Teacher Training and Textbook (TTT) Program and the Experimental School of the Sciences, which offered first-rate secondary education to Afghan refugees with a strong emphasis on mathematics and science. With the termination of donor funding on March 31, 1995, IRC was obliged to cease its support to the Experimental School.

Teacher Training and Textbook Program

IRC's Teacher Training and Textbook (TTT) Program aims at improving the quality of secondary education through teacher training and the development and distribution of textbooks and educational materials to secondary and middle school mathematics and science teachers working in refugee camps in Pakistan and in Afghanistan. In the past 11 years, TTT staff have developed three levels of mathematics and science in-service training seminars for Afghan middle and secondary school teachers: Beginner Seminar, for teachers who have never attended a TTT seminar; Advanced-I Seminar, for teachers who have attended the Beginner Seminar; and Advanced-II Seminar, for teachers who have attended both previous seminars. Since its inception, the TTT Program has conducted 42 seminar sessions in Pakistan for 1,855 teachers. Since 1993, the Program has increasingly shifted its training focus from Pakistan to Afghanistan and has, to date, trained 775 Afghanistan-based teachers in 15 seminar sessions. The following graph provides details of teacher training by year.



These one-month seminars aim to improve the teachers' subject-matter knowledge in biology, chemistry, physics, mathematics and geometry as well as their pedagogical techniques. Seminar emphasis is on the effective use of student-centered teaching techniques and on improved textbooks, teacher guides and instructional aids. Following completion of the seminars, all participants are monitored and provided on-the-spot guidance and assistance by TTT staff. During follow-up monitoring visits to the teachers trained by STT over the years, the Program trainers have consistently observed most teachers to be effectively using skills learned in the seminars and demonstrating proficiency and confidence in their knowledge of the subjects taught. For those teachers encountering difficulties in carrying out certain experiments or in practicing a particular teaching methodology, the trainers provide feedback and give on-the-spot demonstrations.

• **TEXTBOOK AND MATERIAL SUPPORT**

To augment the subject-matter knowledge of Afghan teachers and enhance the secondary education process, the Program trainers have authored biology, geology, chemistry, mathematics, geometry and physics textbooks for grades seven through twelve as well as trigonometry books for grades eleven and twelve. Laboratory manuals and teachers' guides have also been published as practical supplements to the information in the textbooks. Written in Dari or Pushto, the textbooks are in line with the national education curriculum and are therefore recognized by the Afghan Ministry of Education.

- *Since its inception 11 years ago, the TTT Program has printed and distributed over 802,500 copies of textbooks and manuals in Pakistan and Afghanistan.*

Middle and Secondary school headmasters, principals and even individual students regularly approach the TTT Program staff requesting assistance in textbook supply. A sum total of 82,688 textbooks and laboratory manuals were distributed to schools and seminar participants in Pakistan and Afghanistan during 1996. Since 1995, the Ministry of Education (MOE) in Kabul has also been requesting IRC to provide it with TTT textbooks for distribution to the MOE-operated institutes. The Program provided the Ministry a total of 9,600 books and manuals in early 1996.

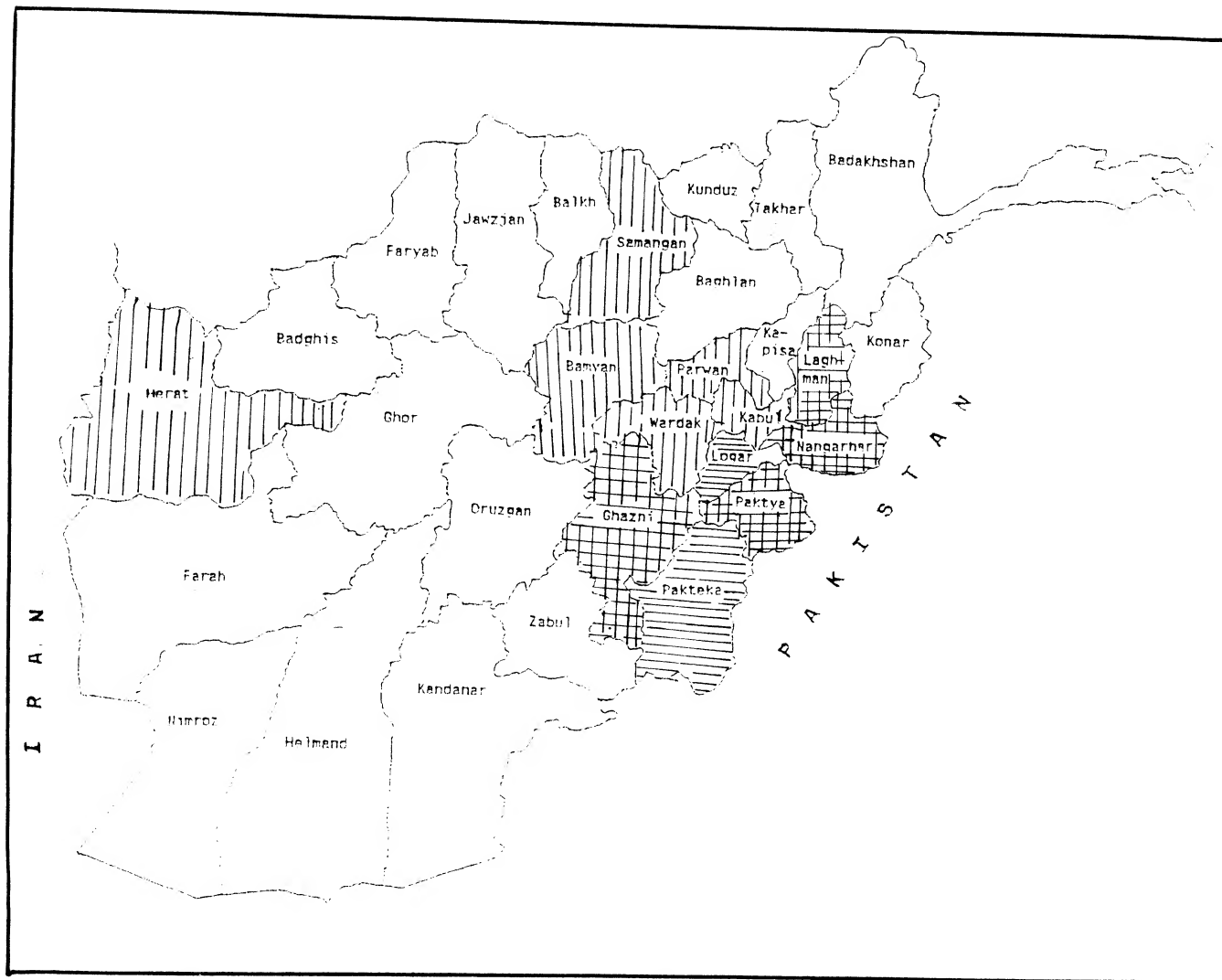
AFGHANISTAN

R E C O N S T R U C T I O N A N D R E H A B I L I T A T I O N

- ◆ **REHABILITATION PROGRAM FOR
AFGHANISTAN (RPA)**

- ◆ **RURAL ASSISTANCE PROGRAM (RAP)**

Program Area Map - Afghanistan



Provinces served by RPA



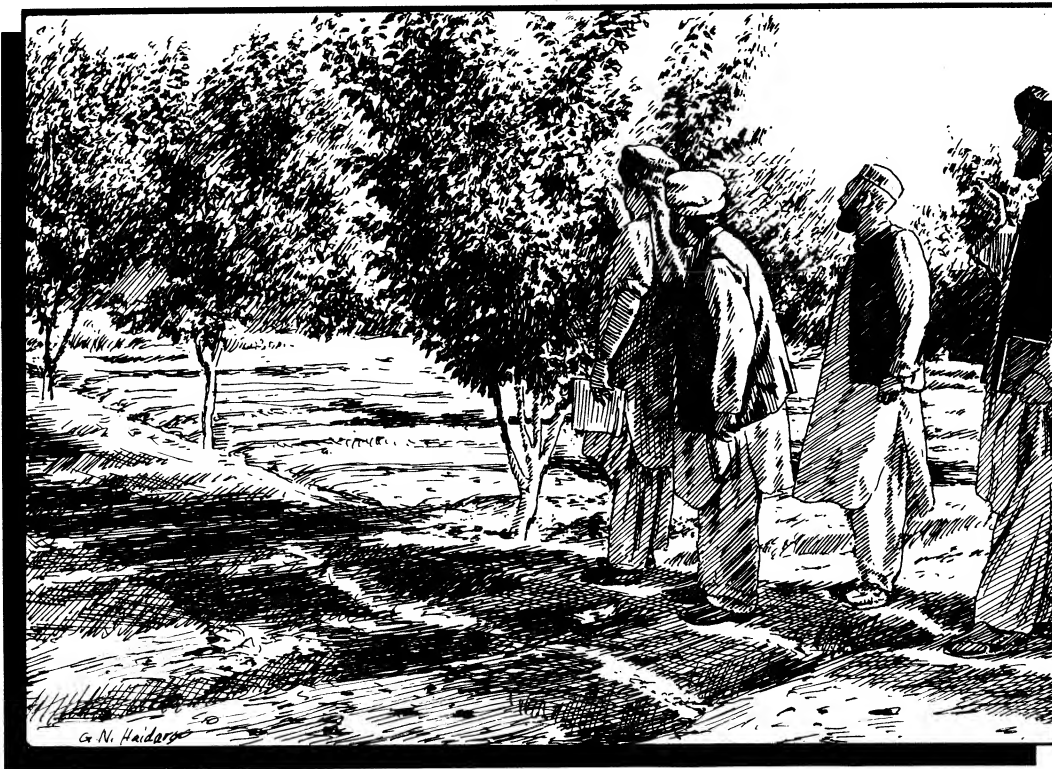
Provinces served by RAP



Provinces served by RPA and RAP

REHABILITATION PROGRAM FOR AFGHANISTAN

When the Geneva Accords were signed in April 1988, IRC began to explore ways and means to assist and encourage refugee communities to return to their homes. The Rehabilitation Program for Afghanistan (RPA) was established that same year to promote the repatriation of Afghan refugees, in particular to southeastern Afghanistan provinces of Khost, Paktia, Paktika, Logar and Nangarhar - provinces which were home to the majority of refugees in IRC-served camps in Pakistan. Over the years, RPA's strategy has evolved from providing short-term relief services necessary to support a large returning population, to more sustainable long-term approaches which stress rehabilitation of the infrastructure and community involvement. The operating strategy of RPA has been to identify, develop and work through representative councils (*shuras*) and local authorities in order to implement rehabilitation projects in the targeted provinces. To this end, RPA provides support to communities in developing diversified agriculture and horticulture, in rehabilitating irrigation systems, in improving public health, in providing primary education opportunities and in revitalizing the rural economies. To ensure that real needs are met and the community is fully involved, RPA requires that communities receiving assistance make in-kind or financial contributions to all activities.



*Farmers viewing the results of proper budding and grafting techniques
at an RPA Agricultural Rehabilitation Center*

Rural Revitalization Program

The overarching goal of this program is to revitalize the rural economy in target repatriation areas through the development of agriculture in key sectors which increase food production and farm income. Assistance to farmers is provided through Agricultural Rehabilitation Centers (ARCs), which serve as models of advanced agronomic practices in highly visible locations and provide improved farm inputs to local farmers. The primary sectors chosen for these activities involve improved seed multiplication, orchard management, poultry raising, vegetable gardening, fruit storage and preservation, agro-forestry and bee-keeping.

- *A total of 1,355 key farmers and 1,209 non-key farmers were provided intensive training in 14 technical fields.*
- *Wheat, potato, bean and maize variety trails were completed at four ARCs, while an FAO-funded foddercrop variety trail was completed in Khost.*
- *RPA assisted 36 poultry farmers to establish small-scale poultry farms.*
- *37 key farmers' woodlots and 5 non-key farmers' woodlots were established and planted with a total of 78,921 forestry cuttings and saplings of different species, of which 71,930 survived.*
- *131,091 poplar cuttings and forestry saplings of different species were distributed to 799 farmers in the general distribution program.*
- *From all 17 ARCs, a total of 153,567 fruit trees were distributed for the expansion of previously established orchards and the establishment of new key farmers' orchards, as well as to the general public and private nurseries.*
- *281 key vegetable farmers received 224 kg of seed of different types of vegetables covering a total area of 13.2 hectares.*
- *115,850 seedlings were distributed to vegetable key and non-key farmers.*
- *60 key farmers' plots were established to demonstrate pest management techniques.*

RPA uses a "key" farmer approach to disseminate modern farming techniques. Progressive farmers in each area who have demonstrated superior farming skills, receptivity to training and the ability to pass on ideas and techniques to others receive in-depth training and material inputs as well as continuing extension support for specific agricultural activities.

RPA also extends assistance to communities to rehabilitate their irrigation systems and to clean and reconstruct *karez*es (traditional underground water channels) and canals, which years of neglect or war damage have degraded. The communities themselves contribute to these activities by providing 40 percent of the cost of the work in the form of labor and local materials.



Local farmers examining a bumper wheat crop at an RPA Agricultural Rehabilitation Center—a direct result of the introduction of improved seed variety and farm inputs

In 1995 RPA launched the first phase of the Dutch Government-funded privatization program which is viewed as the final stage towards the complete phase out of the program in the eastern provinces of Afghanistan. A total of 176 farmers were carefully selected to set up small-scale enterprises in sectors of high market demand. To ensure the sustainability of these production units, the farmers received training in small-business management during the final quarter of 1995 as well as refresher training at the beginning of 1996. The farmers' response to the small-business management course was highly enthusiastic. Many of the subjects taught are essential for the effective management of an enterprise and were new to the farmers who recognized their value. Throughout the second half of 1996, three business management trainers continued monitoring all 176 of the private food production units participating in the Rural Revitalization Program to ensure that techniques learned during the course were being

applied effectively. Activities selected for privatization include: gur (sugar) making plants, private nurseries, poultry hatcheries, chickenfeed mills, improved seed multiplication and fishponds.

In line with the privatization program, RPA initiated a reorientation of its programs in the eastern provinces of Paktia, Paktika and Logar in 1996. RPA closed seven of its Agricultural Rehabilitation Centers in those districts where major repatriation had already occurred and where the impact of the agricultural program was already clearly visible. Despite the ARC closures, farmer training and technical assistance for the privatization program continued in these districts.

In June 1996, RPA agricultural staff initiated a large-scale operation to collect data such as area planted, yearly productions, trees surviving, etc., from farmers who have participated in the program since its inception in 1988. Relevant and complete information dating back to 1993 was available for a major evaluation of the agriculture program. This data was evaluated in terms of economic output and was compared with the cash and in-kind inputs. The evaluation indicated a cost-benefit ratio of 1:2

- ***Irrigation and Water Supply Program***

At the beginning of 1996, RPA's water supply department merged with the engineering program and formed survey and implementation teams for their combined projects. Although it is expected that this consolidated department will eventually establish itself as an independent NGO in the future, throughout 1996 it continued to operate under the RPA umbrella. During 1996, the department completed two irrigation projects including the Babous Irrigation Project in Puli Alam, Logar Province which will irrigate nearly 10,000 *jeribs* of arable land benefitting over 10,000 families. Fourteen water supply projects were also completed providing clean drinking water to another 10,000 families.

Public Health Program

In the refugee camps of Pakistan, IRC has consistently sought to promote preventive health care and health awareness alongside the more standard curative services, in the knowledge that many refugees will be returning to areas with limited access to medical facilities. The RPA Public Health Program aims to augment the health knowledge acquired by refugees during their time in the camps, and to implement preventive health care programs in rural Afghanistan which will reduce the risks of communicable disease.

- *Expanded Program for Immunization*

At the end of March 1996, EPI responsibilities in Paktia Province were handed over to the Swedish Committee for Afghanistan (SCA) in pursuance of the UNICEF plan to reallocate target provinces among agencies operating health facilities in Afghanistan. Since SCA operates a larger health program in Paktia, it was agreed that they would take over the EPI responsibilities for Paktia and would continue delivering EPI services through their clinics. Throughout 1995 and the early part of 1996, RPA working in collaboration with the Afghan Ministry of Public Health (MOPH), UNICEF and SCA, established 13 fixed EPI centers in 13 districts of Paktia. During the first three months of 1996, these centers in conjunction with the outreach teams administered a total of 55,246 doses of vaccine to children under two years of age in addition to 20,538 doses of TT vaccine administered to females between the ages of five and 45 years.



Rehabilitating the irrigation system in Afghanistan is an important aspect of RPA's assistance program. The rehabilitation of the canal system shown above helped to re-irrigate nearly 10,000 jeribs of arable land in Logar Province, benefitting over 10,000 families

RURAL ASSISTANCE PROGRAM

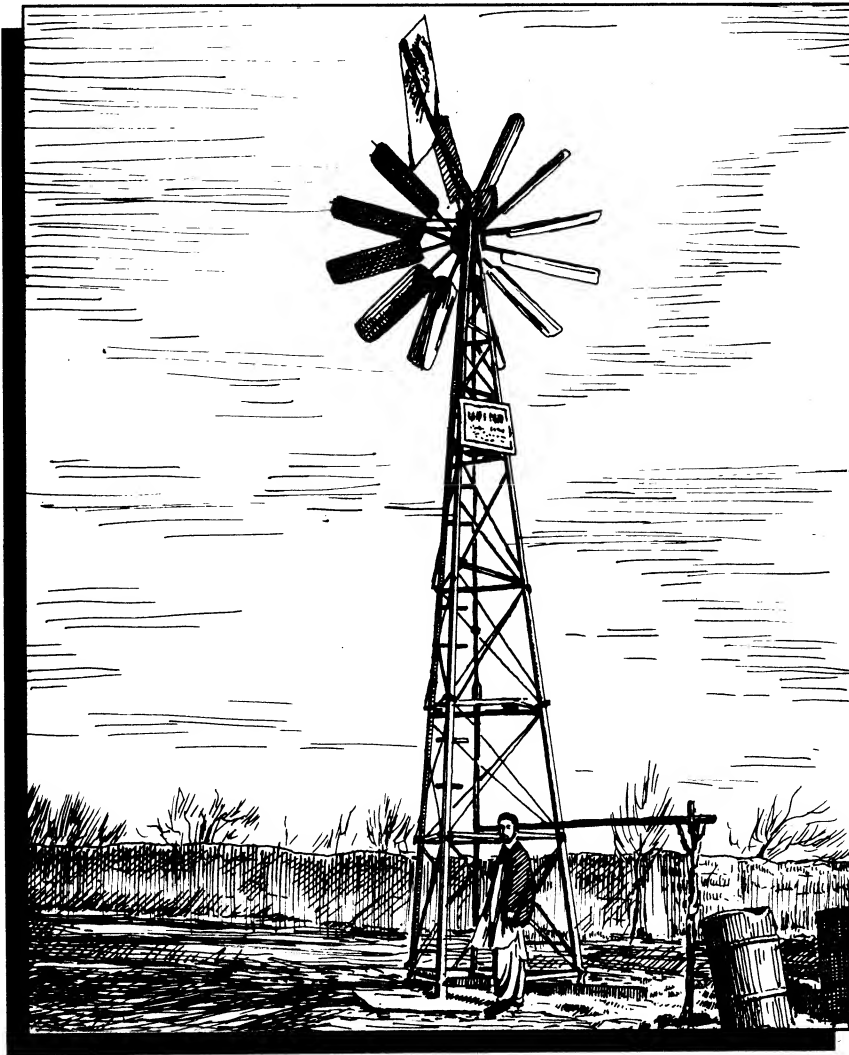
IRC established the Rural Assistance Program (RAP) in 1988 to channel United States Agency for International Development (USAID) humanitarian assistance funds to non-governmental organizations (NGOs) and micro-projects which would otherwise be too small or insufficiently licensed for bilateral donors to fund directly in a cost-efficient and accountable manner. With the cessation of USAID assistance to Afghanistan in 1994, the European Union (EU) and the Dutch refugee-assistance organization, Stichting Vluchteling (SV), assumed donor funding for IRC/RAP's rehabilitation efforts. Since its inception, IRC/RAP has provided 120 grants totalling over 20 million US dollars. Grants have gone to 50 different NGOs reaching 26 Afghan provinces as well as refugee-impacted areas of Pakistan. While the earlier grants provided emergency and survival assistance, much of it in the form of food aid, since 1991 IRC/RAP has been focusing on micro-projects aimed at the revitalization of local economies through rehabilitation of rural infrastructure, increasing agricultural productivity and food availability, and regeneration of rural incomes. The goal is to encourage the return of refugees and internally displaced as well as to offer support to communities who have repatriated but require external support to improve the infrastructure and systems damaged by the lengthy war in Afghanistan. Institutional development of Afghan NGO implementing partners is an integral part of this strategy.

- *During 1996, IRC/RAP awarded 13 grants to 13 Afghan NGOs for rural assistance projects in six provinces of Afghanistan. Activities funded included irrigation rehabilitation, primary education, training of the disabled, quilt making and a pilot project to utilize windpumps to draw water for irrigation.*

RAP was unfunded for most of 1996, until a new grant agreement covering a period of 18 months was signed with the EU in October. Despite the disruption caused by funding constraints, RAP was however able to award a total of 13 grants during the year, mostly to Afghan NGOs engaged in restoring the rural economy of Afghanistan. Projects approved for funding included irrigation rehabilitation in Khost, Laghman and Logar, training of the disabled and primary education in Nangarhar, bakeries in Khost, quilt making in Kabul and a pilot project in Herat to use locally produced windpumps to provide water for irrigation.

Grant Oversight and NGO Support

RAP has increasingly sought to foster the sustainability of the projects it funds. Today, virtually all of RAP's implementing partner's are Afghan-managed organizations. Through its support for Afghan NGOs, RAP promotes the development of indigenous institutions capable of establishing long-term working relationships with rural communities in Afghanistan. Various sections within RAP work in close coordination to oversee grants and upgrade the administrative and technical capacities of implementing partners. These units provide guidance in project design, report on project performance, monitor project field sites, ensure fiscal accountability and provide program management training for NGO staff.



A RAP-funded pilot project in Herat to use locally produced windpumps to provide water for irrigation - potentially a cheap and efficient alternative to the repair of the canal systems extensively damaged due to war and neglect

- ***Proposal Review and Development***

RAP receives between 450 and 500 concept papers from NGOs seeking project funding each year. The object of the review process is to identify feasible projects and then collaborate with the NGO concerned in developing the concept into a coherent proposal which satisfies the criteria laid down by RAP's donors. The RAP staff meets frequently with the potential grantee's directors, accountants and project staff to map out well-conceived project strategies, precise work plans and viable, compelling project proposals for submission to donors.

The most important considerations among the criteria required for a concept to be selected for funding are the NGO's implementing capacity, the sector in which the NGO proposes action, the geographical location of the project and the amount of funds available. Often the site of a proposed project is first inspected by RAP monitors. Only when a concept has proven to be needed, viable and feasible is it turned into a proposal and submitted by RAP to a donor.

- ***Project Reporting***

This section reviews project progress reports, comparing original objectives with actual achievements, verifies data, follows up on outstanding issues and then prepares narrative reports for RAP donors. It also liaisons with other sections facilitating project evaluation based on narrative, monitoring and audit reports.

- ***Field Monitoring***

This unit provides on-site inspection of RAP-funded projects. Using guidelines developed in collaboration with the Proposal Review staff, RAP monitors verify the accuracy of proposed data, assess project progress, review project administrative and financial documentation and gather relevant information from community members. A written and photographic report is produced for each assessment. In monitoring project sites the monitors face varied difficulties inherent in travelling in present day Afghanistan, ranging from bad roads, poor security and lack of health facilities to more serious problems such as fighting, banditry, hijacking and being held hostage.

The monitoring unit provides project information essential to other sections within RAP. This information facilitates assessments of the success of projects being implemented and permits determination of whether or not to renew grants to NGO partners. It also points up problems facing NGOs working in the field and enables RAP to offer help in solving these problems. During the life of the 27-month EU grant (January 1, 1994 - March 31, 1996), the monitoring unit conducted a total of 58 formal monitoring or post-project evaluation assessments in 11 provinces of Afghanistan.

- *During 1996, RAP's Training and Educational Services Unit conducted 10 project management courses in Kabul and Peshawar for RAP's implementing partners to help build their institutional capacity.*

- ***Financial Auditing***

Monitoring and financial auditing are an increasingly crucial part of the RAP project cycle for both the donor and the implementing partner. IRC's internal auditing department provides financial monitoring. NGOs send their monthly financial reports based on expenditures incurred. Audit visits are regularly made to verify expenditures reported in the financial reports and supporting documents are checked. Where weakness in accounting records or bookkeeping are noted, training is provided to the NGO accountants and finance staff.

Since monitors are not generally specialists in the field of accountancy, in 1994 RAP introduced a system of field audits to overcome the difficulties of obtaining reliable financial information from the field. The system includes a training/advisory component designed to increase the accountability of implementing partners and strengthen their accounting procedures. RAP auditors regularly visit projects in the field to monitor field accounting practices and to offer help to NGO field financial staff experiencing difficulties.

- ***Training and Educational Services Unit***

As RAP's relationships have evolved with implementing Afghan NGOs, the NGOs' strong needs in the area of institutional development have become increasingly clear. Accordingly RAP established the Training and Educational Services Unit (TESU) in 1991, to build the institutional capacities of RAP's implementing partners. The TESU offered a complete package of training courses to Afghan NGOs in skills necessary to plan, coordinate and implement their project activities. This included designing and conducting courses in administration and management, field accounting, data collection, report writing, record keeping, community participation and training methodology. Follow-up monitoring visits were undertaken to assess the NGOs' post-training job performances. During 1996, TESU conducted 10 such courses in Kabul and Peshawar. The TESU also assisted with a large Participatory Rural Assessment (PRA) survey conducted by EU covering Laghman and Nangarhar provinces. Lacking donor funding, RAP closed TESU at the end of 1996.

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DONORS

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Afghanistan Relief Committee, New York

Bureau of Population, Refugees, and Migration
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Caritas Pakistan, Rawalpindi

The European Union, Brussels

Food and Agriculture Organization, Rome

International Rescue Committee, New York

The Le Brun Foundation, Buffalo

The Mellon Foundation, Philadelphia

Refugees International - Japan, Tokyo

Stichting Vluchteling, The Hague

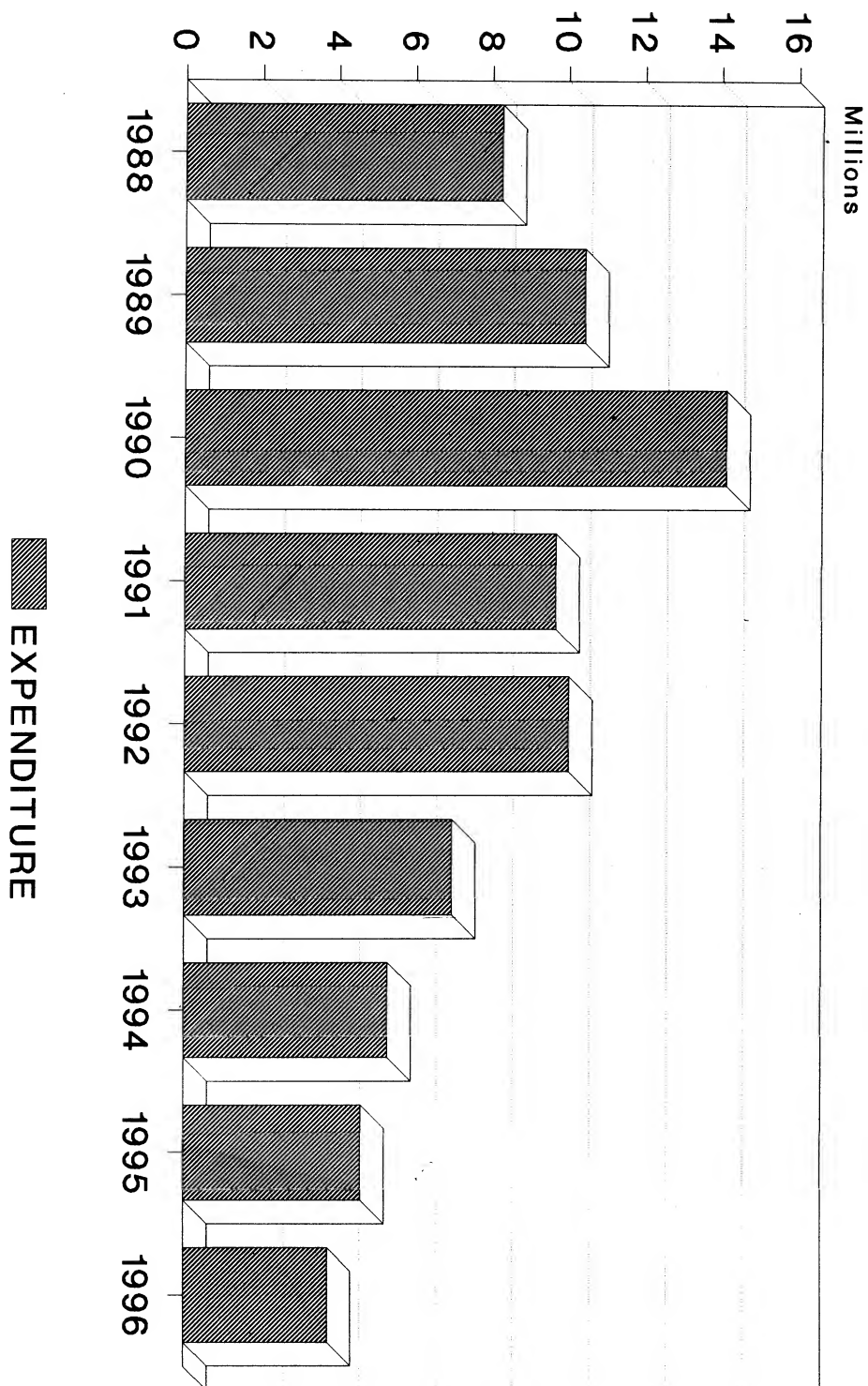
United Nations Children's Fund, New York

United Nations Development Programme, New York

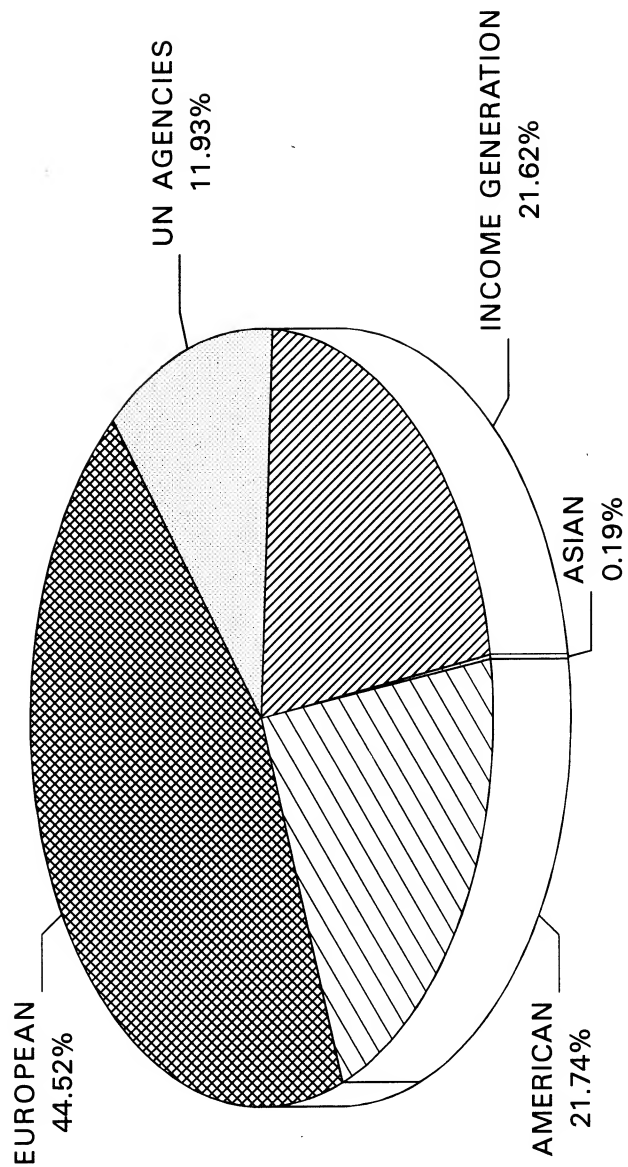
United Nations High Commission for Refugees, Geneva

YEARLY EXPENDITURE

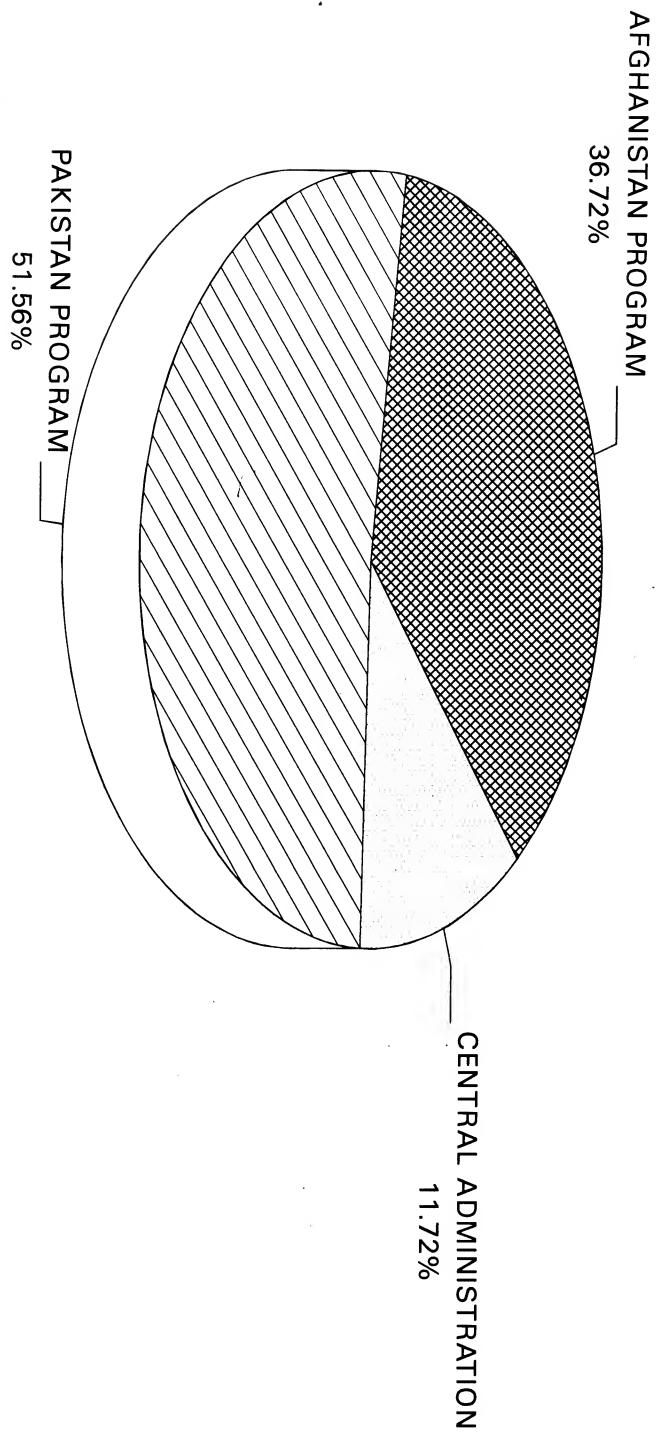
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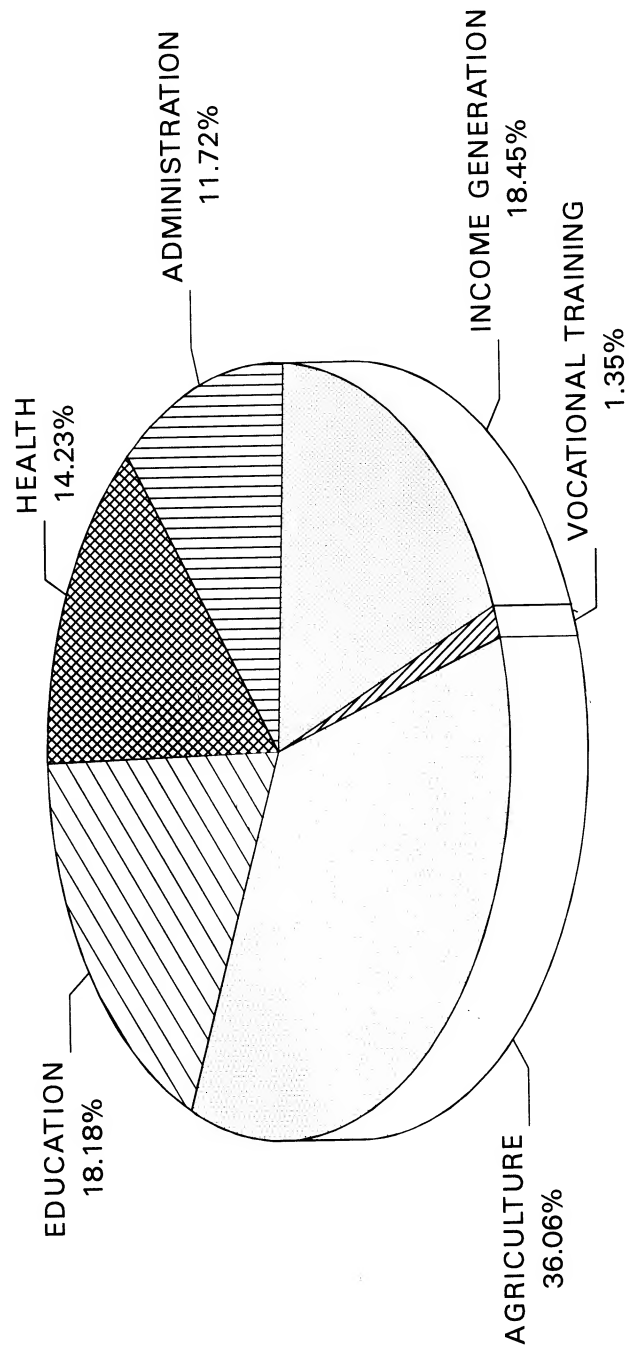
FUNDING BY DONOR



EXPENDITURE BY AREA



EXPENDITURE BY SECTOR



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